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THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON:

A Monthly Journal

DEVOTED TO THE ADVANCEMENT OF THE KNOWLEDGE
OF THE DISEASES OF WOMEN.

Edited by

WINSLOW LEWIS, M.D.,

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PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

FORTY-EIGHTH REGULAR MEETING, NOVEMBER 15, 1870.

THE forty-eighth regular meeting of the Society was held on December 20th, 1870, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Weston, Sullivan, Perkins, Field, Warren, Martin, Blake, and H. R. Storer; and, by invitation, Dr. Edward Wigglesworth, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters from Dr. Wm. Anderson, of Edinburgh, Honorary Member, and Prof. Johann Säxinger, of Tübingen, Corresponding Member, severally acknowledging their election to the Society.

The donation to the library of Prof. A. B. Crosby's paper, entitled *A Contribution to the Medical History of New Hampshire*, was announced.

Dr. Sullivan exhibited a specimen of

FIBROUS PARIETAL TUMOR IN THE PROCESS OF SPONTANEOUS DISCHARGE BY ENUCLEATION.

Dr. Weston remarked that in his capacity as coroner he had lately had to investigate the case of a lady dying under the long-continued and excessive use of opium. During the day previous to her death, she had taken what could amount to not less than three hundred ordinary doses of the drug. It was a matter of surprise to him that these cases did not oftener terminate by an over-dose.

Dr. Field believed, as Ringer states in his Manual, that the longevity of opium-eaters was well established. He also thought that a moderate amount of opium might be taken all one's life without material injury.

Dr. Sullivan considered it remarkable how large a dose might be taken with impunity. He related a case where $\frac{3}{4}$ ij. of laudanum were taken, without ill effect, although no treatment whatever was resorted to. A druggist was about pouring the amount stated from a measuring glass into a phial. He set it down to attend to a customer, and while his back was turned the would-be suicide drank it off. The laudanum was of standard strength, and the patient not accustomed to take opiates.

Dr. Warner had known precisely the same to be done with other violent poisons, and in probably precisely the same manner. In one case it was supposed that a teaspoonful of arsenic had been taken, and it was a matter of surprise that, as in the case first reported, the patient did not die. It was subsequently discovered, however, that she had poured the dose into her bosom instead of her throat, as might have occurred in the case instanced by Dr. Sullivan.

Dr. Sullivan did not believe that he could have thus been imposed upon.

Dr. Martin had lately attended the most remarkable case of opium poisoning he had ever seen; it having been one of

DELAYED NARCOTISM.

There had been partial anæsthesia of the entire superficies. The patient had commenced, at night, by taking 3 i. of laudanum every ten minutes, until 3 i. had been taken. It was not till seven o'clock the next morning that the effects began to show themselves. Dr. Martin first saw the patient eight and a half hours after this. Then, there existing semi-consciousness, Dr. M. thought that recovery would certainly take place. The usual stimuli, however, elicited no response, the symptoms increased, and at 5.30 P. M. there was complete coma. At this time respiration could only be kept up by the constant employment of the galvanic battery. Belladonna was administered, but only seemed to make matters worse; if it produced any effects, it was to deepen the narcotism, and to raise the pulse from 100, or thereabouts, to 136. At the hour indicated, an enema of beef-tea and brandy was given, and repeated every three hours, while for five hours galvanism was continuously resorted to; the poles of the battery being tied to the hands by wet towels, and shocks being given every three to five minutes. The battery elicited no facial expression of pain till 10.30 P. M., fifteen and a half hours after taking the last of the drug. In this case, if Dr. Martin had followed the usual custom, and ceased his efforts at the end of eight or ten hours, death would certainly have occurred. He thought the case illustrative of the propriety of continu-

ing to labor for the patient, so long as there was a sign of life. Dr. M. related another case of poisoning, by morphia, when the patient did not rally for sixteen hours.

Dr. Field inquired of Dr. Martin how much belladonna he had employed in the first of the cases reported.

Dr. Martin replied, four and a half grains of the extract, given in three doses.

Dr. Field believed that physicians were beginning to understand that, instead of acting as an antidote to opium, belladonna in reality increased its coma, if given in at all a commensurate dose. Dr. Harley, in his Essay on the Old Vegetable Neurosis, shows that ordinarily too large an amount is employed. No more than one ninety-sixth grain of atropine should be employed. Given by hypodermic injection, this would be found to act purely as a stimulant.

Dr. Martin thought there were usually innumerable sources of error in cases of opium poisoning. Most of them will recover whether belladonna is given or not. Experiments upon the lower animals threw not the slightest light upon the subject. Many birds, for instance, can take belladonna with perfect impunity. His remarks bore with similar force upon Bennett's experiments with calomel on dogs, which should not be allowed to outweigh the twenty-five million or more experiments with the drug upon man, during ages past. "Tests," such as he had alluded to, served to tickle the minds, as he was well aware, of a certain class of non-practitioners. If any physician were satisfied with giving one ninety-sixth of a grain of atropia in a case of opium poisoning, and did nothing else,—neither slapped with towels, or gave coffee, or employed galvanism,—he would do very wrong.

Dr. Field thought that the usual error was to give a

dose of belladonna commensurate with that of the opium. Conjoined measures should always be used. As a stimulant belladonna answered an indication which in narcotic doses it did not.

Dr. Warner remarked that the one ninety-sixth grain of atropia recommended by Dr. Harley was in reality greater than the dose of the crude extract of belladonna given by Dr. Martin, especially as it was employed hypodermically.

Dr. Martin called attention to the fact that it was Dr. Paris, so long ago as 1808, in his "Pharmacologia," who first conceived that belladonna was antidotal to opium, from its dilating the pupil, and that on this arose the modern theory of antagonism. It has been ascertained, however, that neither does it always produce an effect upon the pupil, nor antagonize opium; and gentlemen, to save the waning credit of the drug, have to talk about a "stimulating effect, in small doses."

Dr. Field thought that this effect was distinctly shown to exist.

Dr. Martin inquired if comparative experiments had been made with the drug upon man as well as the lower animals; and if so, by whom.

Dr. Field replied that such had been made by Harley; and that to these Dr. Martin's criticisms could not apply.

Dr. Warren asked if the belladonna had produced dilatation of the pupil in Dr. Martin's case.

There had been none, replied Dr. Martin.

Dr. Sullivan thought that absorption of the opium was often very slow where a large dose had been taken.

Dr. Martin granted that this might be the case, under the circumstances instanced, but not where the drug was continuously taken. One curious feature in his case was that though the muscles of the jaw seemed

relaxed, the teeth were yet so firmly set together that a tube was passed with great difficulty. The epiglottis also lay over upon the œsophagus in such a way as to give additional trouble, the tube entering the trachea with ease.

Dr. Sullivan mentioned that at times, instead of producing contraction of the pupil, morphia caused as marked dilatation as follows the introduction of atropia within the lids.

Dr. Field considered this to invalidate the theory of antagonism which Sir Henry Holland was inclined to lay down as a rule with regard to certain forms of cerebral disease. Morphia always produced dilatation of the pupil in the horse, and indeed one of the alkaloids of opium constantly did so in man.

Dr. Sullivan reminded Dr. F. that Holland had merely offered his remark as a suggestion, and not as a rule.

Dr. Martin repeated that the suggestion, after all, belonged to Dr. Paris. He himself thought that morphia by no means so frequently produced contraction of the pupil as crude opium. There was an article used very extensively in the United States army, called opium, which neither produced the one effect nor the other.

Dr. Blake reported a case of opium poisoning where belladonna, so far from exerting any antidotal effect, seemed to increase the original trouble, the patient dying from secondary narcotism.

Dr. Martin had never seen secondary narcotism where the stomach had been fairly evacuated, and partial rallying had occurred.

Dr. Blake said that it had, however, been noticed by Taylor and others, and cases put upon record.

Dr. Martin would prefer to think that in such cases

the stomach had been but partially emptied, and that absorption had therefore continued.

The Secretary read a communication from Prof. C. D. Palmer, of Cincinnati, Ohio, upon

THE LOCAL TREATMENT OF ENDOMETRITIS.

[Prof. Palmer's paper was published in this Journal, for April, 1871.]

The communication more particularly embraced the description and mode of application of a new catheter, for washing out and medicating the uterine cavity. Dr. P. did not wish to convey the impression that he was an advocate of the frequent employment of intra-uterine injections. He thought, on the other hand, that "they should be confined to rather exceptional cases. Thus, for instance, they might be employed as a palliative and curative means for the uncontrollable and alarming hemorrhages of sub-involution, and in certain cases of corporeal and general endometritis, with marked enlargement of the cavity, and consequent accumulation of secretion; and in failures by the ordinary methods to obtain a sufficiently clean surface upon which to operate." He considers that "there must always be due tolerance of the organ before essaying the operation, and that the new catheter is more safe, complete, and thorough in its application than any yet devised."

Dr. Martin thought intra-uterine injections too dangerous a procedure. Any fluid whatever was liable, if the Fallopian tubes were pervious, to escape into the cavity of the peritoneum; under these circumstances simple saltish water would be as disastrous as chromic acid.

Dr. Storer had thoroughly tested the use of intra-uterine injections, for each of their several indications, and had years ago thrown them aside, save in very ex-

ceptional cases of metrorrhagia, in which, other measures failing, he still employed injections of iodine, persulphate of iron, etc. Where any of the kind was permissible, he preferred soft ointments to thin liquids, and for their introduction he employed Lente's syringe. He had thus repeatedly used Fordyce Barker's formula of sulphate of zinc with glycerine, for the metrorrhagia of the climacteric, but not with the uniform degree of success claimed for it by that gentleman. He very much preferred, when intra-uterine treatment was required, to employ a proper applicator, by which all the risks, acknowledged by Dr. Palmer to attend intra-uterine injections, were avoided.

Dr. Martin had found a good deal of benefit from the zinc and glycerine as recommended by Barker in climacteric cases attended by an altered condition of the mucous membrane. He first used the syringe, and afterwards the applicator, with advantage where everything else had failed. He had also employed the sulphate of iron.

Dr. Blake instanced a case of menorrhagia attending disease of the heart, then under his care, the attacks of hemorrhage in which lasted some twelve days. He had used injections of Marmsell's styptic into the uterine cavity during the flow, and had produced a severe attack of metritis. He would hesitate before doing such a thing again during the presence of the catamenia.

Dr. Storer did not think it justifiable to employ injections at such time, save in very extreme cases. The risks were altogether too great.

Dr. Martin asked Dr. Blake if in his case there were present organic disease of the heart, or only the murmur attending anæmia.

Dr. Blake replied that the condition resulted from rheumatism.

Dr. Martin stated that in such a case so favorable a result was hardly to be expected from local treatment as where the disease was primarily uterine.

Dr. Storer alluded to the benefit oftentimes to be found, even in secondary cases, from the application of heat to the sacrum, as suggested by Chapman.

Dr. Field detailed a case of

PREGNANCY FOLLOWING THE TREATMENT OF ENDO-
METRITIS,

which to him had been a very gratifying one. He had formerly considered chronic uterine inflammation as almost a necessary bar to impregnation, or at least to the completion of gestation, and that the disease itself was practicably incurable. The case reported was, however, the second that he had had within a year, where sterility of the character referred to had ceased during the treatment of the endometritis. Such results went far towards strengthening one's belief in the real efficacy of curative measures in what have been thought to be hopeless cases, by so many of the profession. He would ask whether the progress of labor in such cases was likely to be interfered with by changes of the uterine tissue dependent upon previous applications that had been made.

Dr. Martin commented upon the wonderful ease with which vaginal cicatrices and bridles often relax during parturition.

Dr. Blake desired to know if the sterility in Dr. Field's cases had been at all owing to malposition of the uterus.

Dr. Field said that there had been none.

Dr. Storer considered that to have conception occur during the treatment of chronic endometritis that had long been accompanied by sterility, was in proof both that the disease had caused the barrenness, and that the disease was in process of being removed. He had formerly found chronic endometritis, unattended by antero-posterior displacements, a most intractable affection. During the past three years, however, its complete and perfect cure had proved the rule instead of the exception; and the chief agent in effecting this change had been the acid-nitrate of mercury applied to the uterine cavity by the skilful hands of Dr. Warner. During this time he had a great many times had patients become pregnant, and they went their full term and passed through labor as well as though there had never been present any uterine disease. He was speaking of cases when pessaries had not been resorted to by him, or had previously been found to be useless, and where the cure and the impregnation had been clearly the result of the intra-uterine treatment. So far as concerned the causation of

PERMANENT ORGANIC LESIONS FROM LOCAL TREATMENT,

these were usually dependent upon gross carelessness or ignorance. There was a class of heroic general practitioners who used caustics, even the most powerful, to the cervix uteri and the vaginal wall, without apparently the slightest care or precaution. There was a physician in this city, whose patients were constantly falling into his hands, with more or less complete obliteration of the vagina, from the careless employment of nitrate of silver. There was another whom he had repeatedly found to be equally unfortunate with nitrate

of silver, and there were several who had unwittingly thrown a great deal of money into his hands by their constant and indiscriminate use of vaginal pessaries, which were so apt to cause parametritis. The same remarks would apply to want of care during the progress of labor or an abortion, through which the cervix uteri became fissured or distorted, and to its unnecessary mangling by surgical procedures in cases of displacement attended by sterility or dysmenorrhœa. Dr. Storer illustrated his remarks by sketches upon the gynæcological blackboard.

Dr. Martin, from a conversation he had had with Dr. Emmet, of New York, had not been convinced that splitting the cervix uteri was the wisest operation ever performed.

Dr. Blake had never seen any benefit from incising the cervix for dysmenorrhœa, even when dilatation was subsequently kept up.

Dr. Storer thought that this might perhaps have partly been owing to the fact that some gentlemen incised indiscriminately in all cases, even when the case was one of membranous dysmenorrhœa. He believed that the operation was now a comparatively rare one with the best gynæcologists, and that its frequency was very much overestimated by those who desired to bring odium upon all uterine surgery.

Dr. Martin had repeatedly seen cases that had been treated by the over-believer in caustics, to whom Dr. Storer had referred. They almost invariably presented vaginal adhesions, and sometimes occlusion of the os uteri. The relief of dysmenorrhœa by incision was often only temporary; sometimes, however, it was followed by the happiest results. He instanced a case where at first he could hardly introduce the finest probe. He dilated sufficiently to incise with Simpson's hyster-

otome, and the patient has menstruated with perfect comfort ever since.

Dr. Warren had repeatedly incised the cervix for mechanical dysmenorrhœa, but had never seen any benefit, even where the canal remained very patulous.

Dr. Blake supposed that the metritis often existing in these cases was in consequence of mechanical obstruction of the parietal circulation, and that a certain measure of local treatment was necessary, subsequent to the operation, in order to get its full benefit. Sims and others hardly seemed to have appreciated the importance of this fact.

The Secretary read a communication from Dr. Davis, of Fall River; it being the report of a case of

DEATH DURING ANÆSTHESIA FROM SULPHURIC ETHER.

[Dr. Davis' paper was published in this Journal for February, 1871.]

During an amputation of the thigh for chronic disease, the patient, previously in ordinarily good condition, exhibited unfavorable symptoms, and did not rally. The hemorrhage seemed chiefly venous. Auscultation just previous to commencing the operation revealed no disease of the heart.

Dr. Martin called attention to the partial sinking and then temporary rallying mentioned by Dr. Davis. This would seem to militate against death having resulted from simply the shock of the operation. He would like to hear the opinion of members concerning the death from sulphuric ether lately reported by Dr. Burnham, of Lowell, and published in the Boston "Medical and Surgical Journal."* Gentlemen would recollect that the editor of that Journal had most unwarrantably en-

* Medical and Surgical Journal, vol. vi. p. 377.

deavored to weaken the force of Dr. Burnham's report by affixing to his heading the words, "from an over-dose," and by putting it down in the table of contents as "Alleged death from the effects of sulphuric ether."

It was very evident from Dr. B.'s report that, instead of an over-dose, but a very small quantity of ether had been given. There was certainly no larger amount exhibited than was daily given to patients at the Massachusetts General and City Hospitals, —no more, indeed, than was frequently employed at the Children's Hospital upon very young subjects by the very gentleman who had made the remark referred to. Such criticism and such a style of it, from an editor to whom scientific articles were entrusted for publication, were certainly very unfair. They served, however, to show the Boston sensitiveness when the value of any of its pet hobbies was called into question. Dr. Martin scouted the idea of calling $\frac{3}{4}$ i. of ether an over-dose, when it was often given here by quarts. It was in reality a much smaller quantity than was constantly given of chloroform.

Dr. Blake considered it impossible, in the case of an anæsthetic, to judge of the size of the dose that was inhaled.

Dr. Storer reminded gentlemen that this was not the question under discussion. It was not, how large a dose of an anæsthetic could be taken, but *whether ether ever kills*.

Dr. Martin would make one remark relative to chloroform. He had made careful inquiry of the leading retail druggists in this city, and he was satisfied that taking the whole number of cases in which an anæsthetic was administered in Boston, chloroform was used in twenty cases in Boston where ether was in one. He

would refer to the sales by Mr. Theodore Metcalf, for instance, in proof of his statement.

Dr. Blake did not know of a single physician who gave chloroform, save Dr. Storer.

Dr. Martin said that there were many physicians here who constantly employed chloroform, who yet did not like to acknowledge the fact publicly. With reference to the deaths from ether that had now been reported* by Dr. Burnham and Dr. Davis, and the question of an over-dose, he would point gentlemen to the asphyxiated faces of etherized patients, to be witnessed every week at the Massachusetts General and City Hospitals. He would say of one of these hospitals that if deaths should there occur from sulphuric ether, they would not be reported. It was fair to speak of the present from the past, and he had already put upon record a case corroborative of his assertion.† A suppression of the truth in such matters was as bad as a wilful falsification. The remark was equally true of the manner in which alleged deaths from chloroform have been collated and presented to the profession here in Boston, and of the comparisons made between it and ether.

Dr. Blake thought that, however this might be in Boston, exception could hardly be taken to some of the English chloroform reports by hospital surgeons.

Dr. Martin replied that they would also undoubtedly have had deaths from ether, if they had ever used it to any extent in England. One might just as well draw the comparison from any practice, where there was an occasional death from chloroform and none from ether, but it was because ether was never used.

Dr. Blake asked Dr. Wigglesworth what he had ob-

* See this Journal, vol. III. p. 26, 1870.

† See this Journal, vol. III. p. 73, 1870.

served concerning the employment of anæsthetics, during his late residence in Germany.

Dr. Wigglesworth replied that he had not followed very closely the practice of German surgeons, having formed the impression that in some respects it was inferior to that of home. He did not think that anæsthetics of any kind were as often employed as with us.

Dr. Blake had administered ether in some six or seven thousand cases during the last ten or twelve years, without seeing any untoward effects. He included in this experience his privilege at the Massachusetts General Hospital, his service at the City Hospital, and his private practice.

Dr. Martin expressed some surprise at this large experience of Dr. Blake. As stated by him it would have amounted to at least one etherization a day for some twenty-one years. He hardly thought that anæsthetics had been employed so many times at both the Massachusetts General and City Hospitals taken together, during the whole period since its discovery. He himself, on the other hand, had seen chloroform given some three thousand times in the army, and a great many times in civil practice. He had seen but one death from an anæsthetic, and this was from sulphuric ether.

Dr. Blake thought that it could not be said of the four hundred and fifty cases of death now upon record from chloroform, that they were all owing to "a fatty heart."

Dr. Martin was surprised that Dr. Blake had not put the mortality higher from chloroform. Nathan R. Smith, for instance, of Baltimore, had talked of a chloroform mortality of "tens of thousands." Where the fatty heart has been proved to exist, Boston men ignore the fact, and attribute the death to the chloroform.

Dr. Blake considered that so long as chloroform was thought by so many to be more dangerous than ether, it should never be employed.

Dr. Storer reminded gentlemen that they were again wandering from the question whether that "inevitable, complete, and safe anæsthetic," as described by Prof. Henry J. Bigelow, sulphuric ether, ever kills.

Dr. Blake asked where reports of ether-death were to be found.

Dr. Martin replied that there had been enough of them here at home, if gentlemen would only report them.

Dr. Blake inquired why they were not reported, if such were the case. Dr. Martin replied that it was from fear of the local sentiment in favor of ether. Whoever dared to breathe a word of distrust of that agent became at once a marked man. That the local sentiment was now, however, rapidly changing was evidenced by the quickness with which the publication of ether-deaths by Burnham and Davis had followed his own. Ether was now nowhere given anywhere else, to any extent, save in Boston. There was abundant evidence to this effect, like that concerning the city of Memphis, stated by Dr. Ramsey, at a late meeting of the Society; and in Boston itself ether was beginning to lose its hold upon the confidence of the profession.

Dr. Storer had carefully studied the details of Dr. Davis' case, as communicated to the Society. That gentleman had suggested the possibility of a predisposition to an unfavorable effect for ether having been occasioned by the wash or ointment which had been applied to the patient's limb by the empiric, who some time previously had been consulted by him. It had been suggested that the wash or ointment referred to might have contained arsenic, and if so, that this must have

been the cause of death. The suggestion, thought Dr. S., would probably strike members of the Society as an untenable one. The whole history of the operation, so carefully detailed by Dr. Davis, could point to but one conclusion, that the patient died from the ether, given with unusual care, and in but a moderate dose.

Dr. Martin stated that he had lately removed a breast in accordance with the suggestions made at a former meeting of the Society by Dr. Storer.* He had used three deep-quilled sutures, and a dozen superficial ones, and had secured a satisfactory result. He had not, however, found it necessary to resort to any "lacing" of the superficial sutures, as described by Dr. Storer.

Dr. Storer reminded Dr. M. that this was only necessary when a larger breadth of tissue had been removed, as in cases of exterior implication of the skin, by adherence or ulceration. Where this was not the case, or simple enucleation was performed, there would of course be easy coaptation of the lips of the wound, and no necessity for the measures referred to.

Adjourned.

FORTY-NINTH REGULAR MEETING, JANUARY 3, 1871.

The Annual Meeting — forty-ninth regular — of the Society was held on the evening of January 3d, 1871, at the house of Dr. Winslow Lewis, No. 2 Boylston Place, the President in the chair. Present, Drs. Lewis, Campbell, Warner, Martin, Dutton, Field, Bixby, Wheeler, Weston, Blake, and Warren; Drs. J. H. Dix and Charles T. Jackson, of Boston, Honorary Members, and, by invitation, Dr. Carl Both, of Boston. The Secretary being confined at home by sickness, Dr. Bixby was appointed Secretary pro tem.

* See this Journal, 1871, vol. III., p. 293.

The reading of the records of the last meeting was dispensed with, by vote.

The following gentlemen were unanimously re-elected officers of the Society for the ensuing year: President, Dr. Winslow Lewis; Secretary, Dr. Horatio R. Storer; Treasurer, Dr. Geo. H. Bixby. At the close of the ballot, the President, Dr. Lewis, delivered the Annual Address.

[The President's Address was published in the Journal of the Society for February, 1871.]

Reference having been made in his address to the action taken by the Society in regard to the priority of the discovery of anæsthesia, Dr. Charles T. Jackson took occasion to make the following remarks:—

"Being present, it may be proper for me to say a few words in relation to the discovery of anæsthesia, which has been one of the subjects considered in the address. No one can admire more than myself the zeal and industry of this Society, or appreciate higher the eloquence with which its labors have been portrayed. I know, also, that the sense of justice which has so distinguished it, will lead it to the acceptance and correction of any error which may by an oversight have crept into its transactions and records.

"I am aware that your committee on the history of the discovery of anæsthesia fully awarded to me the discovery of the anæsthetic effects produced by the inhalation of ether, thus placing your Society, which adopted their report, in accord with the Academy of Sciences of France, and with Baron Alexander von Humboldt. It seems, however, that, by some oversight, your committee failed to observe the date of my experiments and of the conclusions drawn from them, since they supposed the experiments of the late Horace Wells with protoxide

of nitrogen were anterior to my own with ether vapor and the superinduction of anæsthesia. An error in dates in this matter is of capital importance, and should of course be corrected. Now it appears, in the report of your committee, that the researches of Horace Wells on the anæsthetic effects produced by nitrous oxide were made in December, 1844, whereas mine on the anæsthetic effects produced by the inhalation of ether were in February, 1842, two years before the experiments of Wells.

"This date of mine is easily fixed and proved, by the sworn evidence, which has been published, and by the full confirmation, as to the nature of my discovery, by the testimony under oath of the late Dr. Augustus A. Gould, a witness called by the party opposed to me.

"Dr. Gould's testimony has been placed on record *in perpetuam* in the office of Records of Deeds of Suffolk County, and was printed for the late W. T. G. Morton, in a volume entitled 'Anæsthesia,' by W. T. G. Morton; so that the records of my adversary prove my claims.

"I never had any dispute with the late Horace Wells, or his friends, for it is well known that my discovery of the anæsthetic effects of ether vapor was made long before his researches on nitrous oxide for the same purpose.

"I would therefore ask you to insert a note to the Address, to the effect that by accidental oversight your committee failed to note the date of Dr. C. T. Jackson's discovery of the anæsthetic effects produced by the inhalation of ether vapor, which discovery he made in February, 1842, as proved by the sworn evidence of George Darracott, John H. Blake, Dr. Augustus A. Gould, and others; while the experiments on the anæsthetic effects produced by inhalation of nitrous oxide were not made by Horace Wells before 1844, as shown by his published pamphlets and by the report of your

committee. Dr. Jackson's discovery, therefore, was made two years before that of Horace Wells."

Dr. Warner stated that the committee appointed by the Society to investigate the subject of the discovery of anæsthesia, of which he was chairman, had made its decision, after careful examination of all the documents and facts in the case, including Dr. Jackson's own disclaimer at the time of soliciting the ether patent.

Dr. Bixby desired to say a word with reference to one other point that had been made by the President. He wished to express his acknowledgments to the Society for its kind offices during the late "unpleasantness" that had existed between himself and the Censors of the Massachusetts Medical Society, reference to which had been made in the Annual Address. He would state that never in his life before had he so fully appreciated the truth of the saying that "A friend in need is a friend indeed." Every member of the Society had been this to him in its perfect sense. He would repeat that he could but feebly express in words his feelings of gratitude for the kindness and incalculable assistance of his fellow-members.

Taking advantage of the Secretary's absence, Dr. Bixby then proceeded as follows: —

"Mr. President: The proceedings of this meeting have been already intensely interesting, and I was about to say, in themselves, complete. I trust, however, that the few words I may now say will not detract therefrom. We have listened to your eloquent Address, in which the work of the Society for the past year has been so clearly exhibited, and though so familiar with it all, I could hardly believe my ears as I listened to the recital of the long list of interesting topics which have been the subject of our deliberations during the short space of a twelvemonth.

"It ought to be a matter of great gratification to the

members of the Society, that all their transactions, from the very earliest beginning, have been so carefully, faithfully, and classically kept, and to-day occupy, through the Journal of this Society, an honorable place in the medical archives of all nations. For accuracy and completeness of these records, notwithstanding that they have always been written from memory, and often from press of other duties, at a space of at least a week or ten days subsequent to the meeting, we are every one of us able to testify, that phonography itself could do no more, if, indeed, in presenting the exact ideas developed before the Society, it could do as much. For this incalculable service, sir, the Society, the medical world, and humanity are indebted to our most worthy Secretary. In view of this, an omission to record some expression of our acknowledgments would have rendered the exercises of the evening incomplete indeed. It is fitting also that we recognize the faithfulness to his trust and the enthusiasm which have rendered our venerable President an example to us all. Often at great sacrifice of personal comfort, and to the neglect of more attractive engagements, and no matter what the season or the weather, he has always been at his post, punctual to the very moment appointed; though a septuagenarian, practically the youngest and most efficient of us all. We all pray that he may long be spared to us as our crowning honor. I therefore take pleasure in offering the following resolution : —

“*Resolved*, that the thanks of this Society be tendered to Dr. Horatio Robinson Storer, in recognition of the efficient service rendered by him to the Society in the remarkably thorough performance of his duties as Secretary, and to Dr. Winslow Lewis, our President, as a slight token of our appreciative and affectionate esteem.”

Dr. Bixby's motion having been seconded, it was unanimously passed. Adjourned.

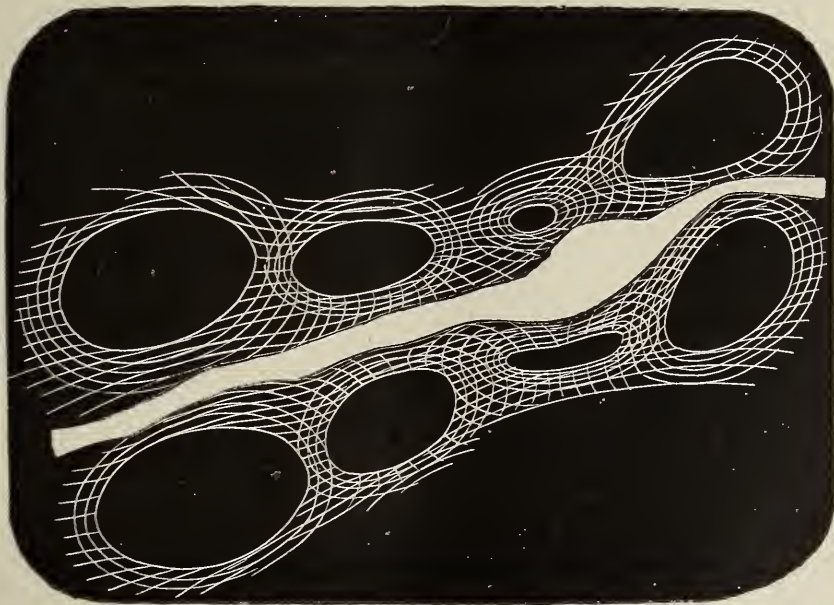
THE ULTIMATE PATHOLOGY AND CLASSIFICATION OF
THE VARIOUS TYPES OF PULMONARY DISEASE.

BY DR. CARL BOTH.

[Concluded from the June Number of this Journal.]

IF a man with healthy lungs has not filled them for a certain time with air in the apices, the accumulated carbonic acid gas irritates the respiratory nerves, and produces the deep sigh which all experience, and which is the natural preventative of nature against tuberculosis. Through the long-continued habit of stooping and neglect of re-filling the apices, the reaction of the nerves slackens and they appear finally paralyzed. Now begins the formation of tubercles in the following way:—

As quick as the alveoles collapse, the pressure upon the capillaries lessens, and they must necessarily enlarge the most in those places where the pressure is the least. Thus, capillary varices are developed. The serum of the blood which fills the meshes thickens through loss of water; and the pressure upon the vessel still decreases. The wall of the capillary vessel itself must be thinnest in those places where it is most enlarged. In case of any extraordinary pressure of the heart, this capillary vessel is liable to rupture in those places where its wall is thinnest. The consequence is the escape of blood-cells into the meshes, where they rest and remain. The smallest possible tubercle would represent the size of one single mesh, while in case of continued pressure the walls of the meshes will burst, and those of several meshes would constitute the tubercle cavity. In larger conglomerated tubercle, the traces of the meshes can be distinctly followed by the



Schematic sketch of enlarged capillary vessel — the same bursting, and blood becomes lodged in the meshes of the elastic tissue, with consequent desolation of capillary vessel; showing also the gradual collapse of alveoles.

streaks of pigment, which all tubercles present. Tubercles are thus constituted in the beginning, of nothing but blood-cells. As they degenerate, they throw off their pigment, which is always and invariably found around each tubercle; the cells themselves, according to circumstances, degenerate into pus-cells or fat-cells, or they become destroyed and their liquid absorbed; they calcify and become harmless as far as the surrounding tissue and cells are concerned. In conglomerated tubercles we find also elastic tissue; parts of alveolar and capillary walls; coagulated fibrine crystals, etc., etc. According to the form of degeneration which the cells have to undergo, we distinguish between the gray tubercle (pus-cells), the yellow tubercle (fat-cells), the shrivelled or amorphous tubercle (see Bennett on tuberculosis), which represents an indistinct mass of pieces, shrivelled cells, fat bubbles, crystals, and the calcified tubercle, which represents an outer capsule of connective tissue, next to which is the ring of pigment, and next an amorphous deposit of lime; and, according to the age and progress of calcification, we often find inside of the tubercle, fat-cells, pus-cells, and their debris, etc. Oftentimes we find all the different forms of degeneration in one conglomerated mass together.

I totally deny the new formation of cells in originating tubercle. For a new formation of cells, an increased nutrition of the mother cells is absolutely necessary; and by several European observers, and by me, a total absence of any symptom of increase of such nutrition is observed, and nothing can be shown that would indicate a new formation at any time. I do not deny, however, that in other parts of the body, new formation of connective tissue-cells, and their decay afterwards as described by Virchow, may occur, and I know and

have demonstrated, that abscesses, as well as tubercles, become encapsulated in the lungs by newly formed connective tissue. This new tissue is the *consequence*, and *not the origin*, of tubercles.

The principal differences which distinguish tubercle from pneumonic exudation are,

I. *The cause.* Pneumonia is caused by over-dilatation of capillaries, in consequence of sudden and unusual blood-pressure from the heart; tubercle, through gradual collapse of the lungs and the consequences thereof, as stated above.

II. *The seat.* Pneumonia can occur in any part of the lungs; tubercle only in the apices or in those parts where respiration is most rare, while pneumonia mostly occurs where respiration is most frequent.

III. *The formation.* A pneumonic exudation may be formed by serum only, or by fibrine, or, at least, also by blood lobules, and would fill at once, and not less than at least, one whole lobule; while tubercle consists of blood-cells always, begins necessarily single and isolated, and comprises from one mesh upwards. Both forms vary considerably in their state of advancement; but these distinctions cannot be generally defined, because they differ, and are peculiar in each individual case. Both forms are alike in the following:—

I. Both were formed of the same material, namely, of blood, resp. blood-cells.

II. Both are equally dangerous for the existence of the organism.

III. Both show a strong tendency to heal; one through calcification; the other through absorption and fatty degeneration, resp. calcification.

IV. Both cause general blood-poisoning, of equally dangerous character.

V. Both exhibit the same appearance if put under the microscope.

VI. Both are apt to produce cavities of equal size and character.

A special pathology of lung diseases I cannot give without making a mistake which has been committed, in my opinion, by all writers upon special pathology, namely, to describe superficial pictures of formerly observed cases, by grouping them together, classifying them, ordinating for them, and thus bring themselves into empiricism, and mislead others to do the same. I maintain that no special pathology can be written at all, because each single case has a pathology of its own, which may never be observed again. I do not care how many cases a man may have observed, he cannot but be one-sided if he brings the general impressions which he received from observation, and places it upon paper as the special pathology of such or such disorder or disease. I have never met with two cases which I could describe, in the least degree, as identical. True enough all external symptoms were exactly alike, and the general process of the disorder was the same, but in making a full diagram of both, they would present a marked difference. To illustrate this I may give two cases of pleuritis. Both alike in every respect, the same effusion, the same size, the same pulse, the same age and sex, the same time, the same causes; but in one case the lung is adherent to the pleura, thus preventing its coming down to the diaphragm; the other not adherent. No outward symptom would indicate this difference; yet what an enormous difference will it make in the management of the cases? Paracentesis in the first would be absolute folly, while in the latter it might result in a direct cure. While the first case may require a term of years to be corrected, the other could be cor-

rected in a few days or weeks. Again, should putrid degeneration occur in the first case, paracentesis would be indicated at all hazards, at the risk of the sinking of the chest, or drawing up of the diaphragm, deranging the position of other viscera; and if such process should take the form of an abscess, it might be necessary to open it with the knife, thus admitting air, which would be madness in an ordinary case of paracentesis, etc., etc.

From this view I regard all special pathologies as a mistake, in as far as a case is made to fit the pathology, rather than the pathology to fit the case. But I should establish a general pathology only, with positive and absolute laws, and adapt those to each individual case.

My mode of examining a chest is to ascertain in the best possible manner, and without asking a patient any question, the following points:—

1. Condition of bronchi.
2. “ “ alveoles.
3. “ “ blood-vessels and circulation.
4. “ “ interstitial tissue.
5. “ “ nerves of respiration.

From the result received, a diagram is made upon paper, after which the history of the case is obtained; finally we consider the general condition of the organism. If, now, these three differently made-up inquiries correspond in all particulars, I consider my diagnosis finished, and make calculation as to treatment. By examining into the general conditions, I understand the state of the blood itself, the *blood-glands*, the intestines and excretions. The taste, the *digestion*, the *pulse*, the *perspiration*, the *fæces*, and the *urine* are the points to be carefully looked into.

The gross superficiality with which, as a general

thing, the diagnosis is made in lung diseases (chronic), even by specialists, is most astonishing. I cannot find another cause but the belief that a close examination is useless, upon the ground that there is no help, and never has been as yet. From the fact that the help which can be given in each and any case of lung disease rests *entirely* and *only* upon a correct and complete diagnosis, I cannot too severely insist upon the correction of this fault so generally committed here, and in fact almost everywhere. The diagnosis of the condition of the lungs may be made correct enough for ordinary purposes; but a strictly anatomical differential diagnosis has not been established by any authority on the subject.

Every disorder of the lungs must take a beginning, either

I. From without towards within, or

II. “ within “ without.

Under I. we have only the inflammation of the bronchial tubes, produced by inhaled gases, or dust, or other hurtful matter. This can complicate itself with paralysis of nerves, from spasmodic contraction of capillary bronchi (asthma) upwards to total paralysis (asphyxia); next with bronchoectasis, and with consequent inflammation of the tissue of the lung proper; also, in case of total obstruction of several bronchi, with actual acute pneumonia, and in case of slow and gradual obstruction of capillary bronchi, with tubercle formation. This form, No. I., however, is the more rare one, and is but seldom met with ordinarily.

Under II. we find the most numerous affections.

A. *Paralysis of respiratory nerves* (vagus and sympathetic). This may be partial or total, caused by general paralysis, or by diseases of the brain, or by

blood-poisoning, or by pressure through tumors, enlarged glands, vessels, etc.

B. *Inflammation of interstitial tissue.* In such case we should meet with an abscess, the diagnosis of which is often quite difficult. Real new formation in the lungs, such as carcinoma, fibroids, etc., are extremely rare; in fact, I hardly believe they ever occur spontaneously, from the nature of the lung.

C. *Injuries to capillary vessels.*

1. Hyperemia, if continued for a length of time, would produce that condition known as œdema pulmonum, the arrest of blood-serum in the meshes.

2. Rupture of capillaries would result in the escape of blood-cells and fibrine into the meshes, or into the alveoles, by rupturing them also. This is one of the most common occurrences in the lungs, and is most dangerous, because it is apt to be overlooked, especially the former, as no serious general symptoms are connected with it if the space be small. According to the manner in which the blood escapes and the quantity, we would have hemorrhage and actual acute pneumonia, which can be subdivided into lobar, lobular, fibrinous, etc., pneumoniæ, according to extent and circumstances.

3. Varicosity of capillaries constitutes the foundation for tuberculosis as described above, and occurs only in parts where respiration is suppressed or imperfect.

4. Capillary thrombosis and embolism are a consequence of morbid processes in other parts of the body, or in previously existing morbid places in the lungs; acute miliary tuberculosis of later authors.

D. Abnormalities of arteries, veins, and lymphatics of the lungs are the same as in other parts of the body, and are well described in hand-books.

E. 1. *Permanent collapse of alveoles.* This may be

acquired or be innate (atelectasis). The latter constitutes the basis for that condition which has been defined as inherited phthisis, phthisical habitus, vulnerability of lung (Niemeyer and Virchow), constitutional inclination towards phthisis, etc., etc.

2. Rupture and destruction of alveoles and their intersectional walls.

3. Over-extension with loss of contractility (emphysema) of alveoles.

F. *Bronchi.*

1. Abnormal cell-formation in the mucous glands of bronchi; consequent swelling of mucous membrane; loss of ciliary epithelium and its motion; obstruction of bronchi; extension through softening of cartilage and pressure; death of cartilaginous and mucous cells with consequences thereof (bronchitis, bronchoectasis, which has often been mistaken for gangrene), etc.

2. Telangiectasis of bronchial vessels with stoppage of circulation, and consequent fibrinous, polypus-like exudations, concretions, etc. Croup; so-called hemorrhoidal metastasis; frequent cause of hemoptysis.

3. Spasms of bronchi, oftentimes occasioned by irritation of cardiac portion of sympathicus (asthma, asphyxiat, etc.).

G. *Pressure, and other influences in consequence of pleuritis; adhesions, exudation of serum, water, blood, etc.*

H. *Consequences of diseases of heart upon the lung-circulation, etc.*

I. Aneurism of aorta, venæ cavæ; degeneration of glandule thyroidea; thymus; affections of diaphragm; diseases of intercostal muscles, ribs, and vertebræ, may be mistaken for diseases of lungs.

K. All disorders of the blood, exerting a direct influence upon the lungs, with occasional prominent symp-

toms, must be well defined and distinguished from an organic affection of the lungs.

L. Sympathetic symptoms from diseases of stomach, liver, kidneys, uterus, hemorrhoids, etc., etc., are often mistaken for lung affections.

NOTE TO THE EDITORS BY DR. BOTH. — “Die Tuberculose, die Lungenschwindsucht und Scrophulose,” by Dr. Waldenburg, of the University of Berlin, 1869, is the latest publication on Phthisis in Europe. It gives a key to the opinions of all ages, and to every experiment that has been made; and it is the more interesting to me as it confirms, by the newest investigations made in Europe, the correctness, in every respect, of my investigations and conclusions upon this subject. As you know, several of the principal points advanced by me are the following: —

1. I have denied the existence of any specific noxa, or germ, or contagion, or miasma in any disorder of the body coming under the range of phthisis. At the time I first advanced this view it was against the opinion of all. Through the experiments made by Villemin, such a specific nature seemed to have been positively established, but those of Panum, Virchow, Lebert, Wyss, Knauff, Cohnheim, Colin, Behier, Clark, Simon, Sanderson, Marcet, Wilson, Fox, Petroff, and others, and more especially the one hundred and four experiments of Waldenburg, prove the correctness of my own statements.

2. I demonstrated publicly, as long ago as 1860, that the cells constituting real tubercle are nothing but blood-cells escaped from the vessels.

It seems that Addison had held this same view, unknown, however, to me and to most others. Now Cohnheim (*All. med. Centralztg.* 46—1867) claims the same as his discovery. Prof. Petroff has distinctly observed the accumulation of red globules in the minute vessels near tubercle formation. Prof. Schüppel, of Tübingen, explains the formation of tubercles by emigration of white blood-cells out of the vessels, and their further metamorphosis in the adventitia of the small vessels, or in the tissues. Waldenburg considers this to be most likely; he has even observed red blood-cells in newly formed tubercles.

3. I have positively denied the new formation of cells in tubercle. Now all agree that new blood-vessels do not exist in or around tuber-

cle, but that the surrounding tissue represents an absolutely indifferent aspect. Nobody has proved where, where from, or how any such new cells could be formed. That new connective tissue is formed for incapsulation, I myself have demonstrated. Those that dare not openly change their former opinion assert the formation of "indifferent cells." I assert that "indifferent cells," newly formed, cannot exist anywhere; but I maintain that these small "indifferent cells" are discolored red blood-cells; that the larger ones are originally the white blood-cells; that the nuclei found in most of the cells are solid substances inside of the cells, coagulated in consequence of the slow death of the cell, and no nuclei at all.

4. The different metamorphoses of tubercle from the gray to the yellow, and thence to calcification or decay, as demonstrated in America first by me, is now fully confirmed by all authors.

5. The theory of the self-infection of falsely formed or abnormally present protein substances, first conceived by Dittrich and by Rokitsansky, but first distinctly stated and developed by myself,* begins now to awaken the interest it deserves.

6. The affection known as "acute miliary tuberculosis," that I demonstrated twelve years ago to be *secondary* self-infection through previously existing diseased cells, or their debris, is now admitted by all authors, and proved to be a secondary affection. (See Waldenburg, page 465.)

7. My theory of the formation of primary or real tubercle has not been held by any one before myself, and it covers conditions which no pathologist has been able to explain in the least. But all observations that have been made tend to prove the correctness of my assertions.

8. In regard to the contagiousness of tubercle, all modern authors positively agree with me, that it is not contagious as such, and Waldenburg explained its seeming contagiousness, exactly as I have done here, years ago.

9. In regard to inheritance of it, Niemeyer, Waldenburg, and several others are of the same opinion with me, denying positively its possibility, leaving, however, the inheritance of a weakly constitution as a positive fact.

10. But no author has been able to explain its apparent inheritance by infantile atelectasis, as advanced by me.

11. The positive curability of phthisis in all its forms is not only now admitted by almost every modern author, but it is directly proved by all the experiments and observations that have been made; even the

* Gynæcological Journal of December, 1869.

“acute tuberculosis” seems to be able to be arrested under certain circumstances.

12. The artificial calcification-theory that I have advanced is absolutely original with myself. The occurrence of natural calcification has been proved by innumerable experiments, and has been observed by every pathologist. Very interesting is the observation that rabbits and guinea-pigs feeding upon one kind of aliment always show a tendency to suppuration, when affected with phthisis, while goats, horses, etc., existing upon another, show a strong tendency to calcification. Nothing could more directly prove the correctness of my assertions concerning a diet of material containing lime.

13. My theory of respiration is new and original with myself, and whoever is familiar with it will, by reading the interesting work of Waldenburg, see that it forms the wanting link in the chain of thought between authors before myself, and those of the present day, adding withal valuable information.

14. The same is true of my positive classifications of lung diseases, and their anatomical demonstration has been attempted in so precise a manner by no other author whatsoever.

Taking together all the opinions of the older and the most recent authors, all their experiments and observations whenever made, all facts ascertained by the microscope, and all practical information collected, I find nothing with which my theories and assertions, advanced in America twelve years since, will not harmoniously and exactly correspond. Taking into consideration my theory of respiration, my anatomical classification of tubercular diseases, and my treatment (the artificial calcification), the original advances made by myself far beyond what has been known in Europe, I consider that I am justified in maintaining that my views are superior to any as yet existing; and I hope that the time may arrive when my medical brethren will accept advanced ideas and facts that have originated in America, as readily as if their birth had taken place in the European academies and universities, to be brought here after the delay of half a century in poorer condition perhaps than when originally presented.*

* Dr. Both's views were first presented to the Society in reference to the sympathetic connection existing between the uterine and pulmonary systems in women. See this Journal, October, 1869, p. 216.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS
TO MENTAL DISEASE.*BY PROFESSOR LEWIS MAYER, OF BERLIN. TRANSLATED BY GEORGE H. BIXBY, WITH
NOTES BY HORATIO R. STORER.

[Read before the Society, May 3, 1870.]

IV.

2. THE ANOMALIES OF MENSTRUATION.

A. *Menorrhagia*. Profuse menstruation will, on the one hand, indirectly affect the nervous system and mind, by changing the condition and quality of the blood, as for instance in producing general anæmia, and its violations of sanitary and dietetic laws, or else more directly, by superinducing anæmia of the brain. In both cases the presence of disease will be the consequence, which, commencing with faintness and vertigo, anxiety, absent-mindedness, and partial loss of memory and judgment, may go on to mental exaltation and depression, to morbid conditions of the imagination and will, and other mental aberrations. I have seen too profuse or too frequent menstruation accompanied in two cases by melancholy, in one by melancholy attended with dementia, and in one by nympho-mania. In five other cases, these menstrual anomalies affected the mind by awakening in the patient apprehensions of some dangerous disease, especially cancer, thus opening an avenue to hypochondria. Late or early menstruation is also said to exert an unfavorable influence upon the mind; of this I do not as yet possess undoubted proof.

B. *Amenorrhœa*. The entire or temporary absence

* Continued from this Journal, April, 1871, p. 217.

of the menses, their lessened duration or quantity, and the prolongation of their intervals, may more seriously affect the mental state than excessive menstruation, and may be generally classed among the more important physical causes of insanity in women. Among two hundred and thirty-five cases of insanity observed by Esquirol, thirty-five pointed manifestly to suppression and irregularity* of the menses as their cause. Hood remarks, that among six hundred and ninety-seven patients at the Bethlehem Hospital for the Insane, one hundred and forty-nine arose unquestionably from uterine affections, and he maintains that amenorrhœa is a most common cause of mental disturbance, especially of dementia. Tuke makes the statement that ten per cent. of all insane patients suffer from uterine disease; the majority of which come under the head of suppression or irregularity of the menses. Duckworth thus writes in his journal†:—

“When we consider what a marked influence the uterine functions exercise over the whole of woman’s economy, how powerful they are for weal or for woe, how readily the intellect, emotions, and passions sympathize with them, and what a prolific source of disease they are, it would indeed be strange if insanity did not occupy the foremost rank amongst maladies incident to their suppression.”

The physiological relations of these special menstrual anomalies are as little understood, as is the nature and *modus operandi* of the physical causes I have mentioned. Those irregularities of the menses which arise from an imperfect development of and disturbance in the function of the sexual organs, presuppose pathological conditions

* Loc. citat., i. 256, ii. 76, and 128.

† William Duckworth; case illustrating the action of Amenorrhœa as a cause of Insanity. “*Journal of Mental Science.*” Edited by Robertson, vol. ix. Oct., 1863, pp. 344-353.

in menstruation, which operate upon the mind in the most complicated manner through the nerves and the blood. The local and general physical disorders which come under the same consideration are exceedingly varied; they have never been satisfactorily explained, and will often suggest the question whether they are the cause, or effect, of menstrual anomalies. The cause of the entire absence of the catamenia may be attributed in general to an innate imperfect development of the organs of generation, and the effects these imperfections exercise upon the mind; as, for instance, when the fear that the failure to menstruate may be the basis or precursor of fatal disease. The consciousness also of the defect in the organ which makes the female a perfect woman, and in consequence of which the organ does not, or can but imperfectly, perform its function, — wields a decidedly injurious influence upon the mental life of the individual. I have noted in my journal eight cases of complete amenorrhœa, and in two of these there was mental disorder, characterized by depression of the spirits. In the first of them there was simple melancholy; in the second melancholy with nymphomania. The latter was the case of a girl, twenty-five years of age, who had a bicornite uterus and a closed cervical canal. In one case, there was epilepsy without insanity, the patient being in her twenty-ninth year. In the five remaining cases the mind remained sound. Seven of the cases are reported in detail as follows: —

CASE IX. Entire absence of the catamenia. Undeveloped uterus, without any apparent mental affection. Epilepsy at twenty-nine.

CASE X. Infantile uterus, epilepsy; mind unaffected. C. F., a peasant girl, aged twenty-nine, had never menstruated. The external genitals were small, the mons veneris thinly covered with hair. The orifice of the

vagina was closed by a tough hymen. By rectal examination the uterus was found to be one and a half inches in length, and an inch wide at its fundus. The patient was of a light complexion and small in stature. She suffered in childhood from a scrofulous affection of the head and cervical glands. Nevertheless, up to nine months previously she was in good health. She consulted me, on the present occasion, for gastric disturbance of several weeks' standing, and also for a sudden attack of epilepsy which she experienced very suddenly nine months before, and which had continued at intervals ever since. Her mind was perfectly sound.

CASE XI. Defective uterus; perfect mental and physical health. Miss T., aged twenty-five; had been married four years. She was tall, stout, and rather of a masculine build. The vagina was one inch in depth, and closed like a pocket, without the least sign of a uterus so far as could be ascertained by repeated examinations. The genitals were small, and the breasts hard. She was mentally and physically sound.

CASE XII. Absence of the catamenia, undeveloped uterus and breasts; feminine form; mind sound.

Mrs. S., aged thirty-seven, had been married twenty years. She was a tall, spare blonde, had a deep bass voice, a heavy growth of hair upon the upper lip, and was of a muscular but not masculine frame. She had suffered in early childhood from an eruption about the head. From her thirteenth year she became chlorotic, and during her fifteenth and sixteenth years suffered frequently from epistaxis, palpitation, a muco-sanious discharge from the anus, a viscid one from the vagina, and pain in the hypochondria. From her eighteenth year she had been sound in mind and body. She was of a cheerful disposition, and retained her spirits in spite of many mental and emotional excitements arising from

her mode of life and circumstances. The patient first consulted me in her twenty-fourth year for the non-appearance of her menses, for blenorrhœa, and an urgent desire to become a mother. The external genitals were perfectly normal; the vagina measured only one and a half inches in length. The uterus was lax and shrunken; the cervix measured an half inch, the uterine cavity one and a half inches. The vaginal portion showed signs of extensive abrasion. By proper treatment the abrasions were cured and the blenorrhœa relieved. The uterus resisted all treatment; such as pessaries, warm injections, baths, stimulating applications to its cavity, etc., nor did the menses appear. I have seen her often for a year past, and have not been able to effect any change in her condition.

CASE XIII. Entire absence of the menses; undeveloped uterus; vicarious hemorrhage from the rectum; mind perfectly healthy.

I was consulted, in 1858, by the wife of a Berlin merchant, aged thirty-four, for a variety of troubles. She had complained for a long time of severe pain in the head, stomach, and sacral region. For ten weeks the pain had been present with greater intensity, commencing in the left hypochondrium and extending to the epigastrium and breast, and not unfrequently to the scapular region. She always suffered at stool, her chief distress being near the margin of the anus. The urine was normal, coitus occasioned great pain, the appetite was indifferent. The patient felt weak and dejected; nevertheless, her mind remained perfectly clear. She laid no stress upon the fact of amenorrhœa. I learned from her the following history. She had been married ten years. From the third to the fourth year there had appeared monthly hemorrhoidal discharges from the rectum, which were considered as vicarious

menstruation. The abdomen was swollen and painful upon pressure. The uterus was undeveloped; its cavity measuring only one and a half inches. The cervix was healthy. There were small hemorrhoids. The patient's sufferings were attributed to slight attacks of rheumatism, and to intestinal troubles unconnected with the sexual organs.

CASE XIV. Entire absence of the menses. Hermaphroditism; sound mind.

Miss O., aged fifty-two, a native of Berlin; had never noticed the least sign of her menses. She was nevertheless in the enjoyment of perfect health. One year before she had suffered from pain in her limbs without any apparent evidence of disease. At times there were present slight leucorrhœal discharges, some times fetid. Having lost her parents at an early age, she depended upon manual labor for her support. There was present hermaphroditism. She had a muscular frame, and the mammæ were entirely absent.

CASE XV. Entire absence of the menses. Undeveloped uterus. Masculine physique. Mentally and physically sound.

Mrs. K., reared in the country under favorable circumstances; had been eight years married. Notwithstanding the fact that she had never seen any sign of her menses, her health was excellent. She had a stout frame, a mild, blooming face, and was of a particularly lively disposition. The external genitals were fully developed, the vagina normal, the vaginal portion of the cervix less than half the natural size. The uterus was small and flabby, measuring two inches in length. Coitus did not occasion pain. She consulted me for her sterility.

UTERINE NEURALGIA AS OCCASIONED BY MALARIA,
OR ANTEFLEXION, OR THEIR CONCURRENCE.

BY H. GEROULD, MASSILLON, OHIO.

[Communicated to the Society, and read March 21, 1871.]

I SHALL not attempt a description of neuralgia; its frequency makes it familiar to all. I am, however, convinced that its presence is far more common than is generally supposed to be. Especially is this the case with neuralgia of the uterus and immediate organs.

For the last two years my attention has been frequently called to this condition of things. I can call to mind many cases I have witnessed, in the last few years, which at the time were difficult of diagnosis, but now seem very plain and easy to be understood. I wish to present to the consideration of the Society a case that for many years baffled the physicians who were called upon to prescribe, and none of whom formed a correct diagnosis of the case. The intense and protracted headache seemed to draw the attention from the cause to the effect.

I trust the case will receive more than a passing thought from the Society. It has caused me weeks and months of anxiety, and my efforts, with the advice and counsel of many eminent physicians, failed to effect a cure. Although the patient has passed from my hands, my interest has not diminished, nor my anxiety to learn a source of relief for uterine neuralgia. The patient was under my care much of the time for ten months,—not as in a hospital, where I could have the exclusive control, but at her residence, where opinions and prejudices had to be met and overcome. In passing, I will remark that malaria was much more prevalent and ob-

stinate in the summers of 1869 and 1870, in this vicinity, than for many years previous; that the patient had always resided in this immediate vicinity, and had some years previous intermittent fever or ague.

Miss L. S. F., aged twenty-three, first menstruated at twelve years of age. It did not return again for a year thereafter. At the end of that time it occurred very profusely for a week, with dysmenorrhœa for the first two days. Subsequently the flow would cease for a day or two, and return with increased pain, and lasting some five or six days. There has hardly been a deviation from this rule for the last ten years.

For the last year and a half there have been great sensitiveness and at times pain in the bladder and urethra. Her health was good until the first appearance of the catamenia, and from that time there has never a period passed without severe *pain* in the *head*, lasting from two to three days, and always assuming the neuralgic form. During the winter of 1862 she fell, injuring the back of the head. The pain for some days was very great. Subsequently this was more severe at each menstrual period, and still later it returned at regular intervals besides that of the catamenia. Some five or six years since a numbness preceded the headache, always commencing in the fingers of the left hand, extending over the left side, and, on passing off, leaving a sense of drowsiness difficult to overcome.

The character of the pain during an attack is *very severe*, — a pain through the uterine and ovarian region, lasting for a short time only, and an instantaneous change to the heart and head, often involving the stomach. The order is always the same, that is, the uterus, ovaries, stomach, heart, and head; holding each of the four first named from five to sixty minutes, and the last from thirty minutes to fifteen hours, then to be

repeated — if possible — with greater severity; the whole usually preceded by numbness, and followed by lethargy. While no part of the head was exempt, the orbital and frontal regions suffered most severely. I was called to the case August 27th, 1869, and found her suffering to an extent that produced temporary insanity during the paroxysm. The countenance had a dark, livid appearance, the bowels were constipated, the urinary organ irritable, and the appetite variable. At this time, and for several weeks, the pain in the heart and head was so great as to produce delirium, and her cries were heartrending, often being heard two or three blocks distant. As a general rule the paroxysms occurred at quite regular intervals, from two to three times every twenty-four hours.

As soon as permission could be obtained I attempted a vaginal examination, but was obliged to desist, until I placed the patient under the influence of chloroform. The cervix was slightly elongated and enlarged, and the fundus uteri anteflexed and congested. The urethra was sensitive and the bladder painful, while the vagina was tender and sensitive to the touch; there was no neuralgic pain produced until pressure was made against the fundus uteri. There was little or no tenderness along the spinal column, and no lumbo-abdominal neuralgia, as described by Valleix, Malgaigne, and others. When at perfect ease the slightest pressure on the uterus would instantly produce pain in the head and often in the heart and stomach.

The treatment consisted of alteratives,—the most powerful narcotics in large and frequent doses. These were varied and repeated as the pressing symptoms demanded. They embraced a large variety. The hydrate of chloral was rejected because of its prostrating and unpleasant results.

Electricity for a time afforded relief. This was applied to the uterus and head. Fomentations and the sitz bath also gave temporary relief.

Quinine and arsenic, as recommended by Prof. Gross, of Philadelphia, was faithfully tried, with little or no benefit. During the ten months in which the patient was under my care, I used every remedy I thought would benefit the case, but failed to effect a cure. Those which proved most satisfactory were chloroform, aletris, farinosa, electricity, and fomentations. In June, 1870, the patient left for the Danville, N. Y., water cure, much improved, but far from being cured. She returned home in December, feeling and looking quite well. In January her menses appeared at the usual time, and with all the old symptoms, and with nearly the former intensity, lasting for nearly three weeks. I learned from her that at the Cure, the plain diet, exercise, and regular habits had effected a better condition of the bowels, almost entirely overcoming the constipation; also that during the menstruation the dysmenorrhœa was largely relieved by fomentation and hot baths, often heated to 115°. She proposes to give that system a thorough trial. Advices as late as March 7th still speak of her sufferings. I have but very briefly alluded to the extent of treatment employed. The difficulty appears to be in the fact that the neuralgia cannot be cured while the *double-anteflexion* of the uterus remains; and no direct treatment is tolerated by the uterus because of the neuralgia.

I desire more than a passing notice of this case by the Association, if any light can be thrown upon it.

THE USE OF IODOFORM AS A NEUROTIC.

BY EPHRAIM CUTTER, BOSTON.

[Read before the Society, Dec. 6, 1870.]

THIS is a singular substance, — the ter iodide of formyle. It is the homologue of chloroform, iodine replacing the chlorine. It is ninety-five per cent. iodine. One would think that, being so nearly all iodine, it would possess its remarkable properties as an absorbent, counter-irritant, and antiphlogistic. However this may be, it is certain that iodoform possesses therapeutical properties as a neurotic which iodine has never shown. In the present brief paper it is not contemplated to touch on the pharmacy, chemistry, or history of iodoform, but simply and briefly to record my experience with it as a neurotic.

My attention was called to it in this relation by some articles from the pen of Dr. Stiles Kennedy, of New Jersey. If more physicians pursued a similar course with him, our knowledge of therapeutical substances would be enlarged and improved. One of the first patients to whom I gave the iodoform was a lady of about twenty-five years, who had been suffering for five years under a chronic indurative enlargement of the cervix uteri, — pronounced cancerous by some physicians. There was no ulceration. The chief symptom of discomfort was pain in the cauda equina and through both thighs. This was constant, worse at night, and severe. Various anodynes and sedatives were employed with not much relief. On reading Dr. Kennedy's articles I was induced to give her the iodoform and iron, one grain pill sugar-coated, put up by

Bullock and Crenshaw, three times a day. There was an immediate and powerful effect. The patient complained of indescribable feelings in her stomach, which annoyed her ; but there was a cessation of the pain. On taking one pill a day, the iodoform was well borne, with marked alleviation. A vaginal suppository of iodoform two grains, cocoa butter and white wax enough to make a weight of thirty grains, was then given at night with similar results. There was not a cure of the enlargement, but the patient was relieved, and now, by the occasional use of the iodoform, she manages to get along better than ever before. It acts as a calmant, sedative anodyne. It is bland and unirritating. Its odor is its great objection.

A married lady, forty years of age, an old subject of asthma, and suffering with retroversion of the womb, complained of an extreme sensitiveness of the skin, particularly about the trunk. Her clothes hurt her. A touch on the bosom gave her exquisite pain. There seemed to be a hyperæsthesia of the skin, forming a pure neurotic affection. The iodoform and iron pill, given thrice daily, gave relief, but did not cure. It acted promptly, and now, by taking occasional doses, the lady is rendered comfortable. The iodoform vaginal suppository had a similar effect. It also quieted the asthmatic symptoms.

An unmarried lady, twenty-eight years of age, sick for three years with an affection of the uterus, which it has been difficult to define, and still more difficult to treat, having passed through the hands of nine excellent physicians, specialist, especialist, and general practitioners, without relief, was placed in my hands by her family physician, on the plea of humanity's sake. A vaginal examination was made with difficulty. There was great irritability, and tenderness approaching ex-

quisite pain as the index finger was passed up to the os. The womb itself was sensitive, soft, flabby. The os was very small. With trouble a uterine sound was introduced into the cavity. At a point about one and one-half inches the sound touched the most exquisitely painful spot of all. There was anteversion. The iodoform suppository was administered to allay the vaginal irritation. This it did so far as the vagina and cervix were concerned. It did not reach the intra-uterine spot of exquisite tenderness. However, it so quieted the parts that treatment can be applied without the agony of the previous attempts.

A married lady, of about thirty-five years, suffering with anteversion, enlargement, and ulceration of cervix, outside and in, could not sleep from the severe pain in the back and nervous irritability of the whole system. This condition was very much relieved and sleep was procured by the nocturnal use of the iodoform vaginal suppository.

Another married lady, of about thirty years, employs the same for similar purposes, with, however, not constant results. Sometimes they would quiet, and sometimes not. I am afraid, from the tenderness of the abdomen, that there is in this case an element aside from the pure nerve affection.

A young man had a bleeding, irritable ulcer of the leg, about two inches in diameter, and situated just above the external malleolus of the left leg. The hemorrhage was considerable, and the pain so severe as to deprive of sleep. The hemorrhage was checked by the persulphate of iron. Sulphate of morphia, gr. i. ʒi. laud., was applied to the surface, and bandages put on. Opium was administered at night, and a comparative degree of comfort was attained. On applying iodoform, grs. xv. to ʒi. laud., to the surface night and morn-

ing, the pain entirely ceased; and in three days the healing process was so rapid that more than one-half of the sore was covered by healthy cicatrix. I was astonished, and could hardly credit it; but this did not alter the fact.

In another case of irritable ulcers of the leg, the application of iodoform was followed by relief of the pain, but not by healing.

I offer my experience in the hope that other gentlemen of the Society may be induced to give iodoform a trial as a neurotic, and present us with the results of their experience. In no other way can we settle so quickly and accurately the real or supposed value of this or any therapeutical agent, as by associated contemporaneous and intelligent observation.

DISPLACEMENTS AND THEIR FAULTY DELINEATION IN THE TEXT-BOOKS.

BY J. H. TAYLOR, CAPE GIRARDEAU, MO.

[Communicated to the Society, and read April 4, 1871.]

BEING somewhat interested in the science of gynæcology, and having been engaged in its practice for some time, I wish to call your attention, and through you, the attention of the Gynæcological Society, to the imperfections of most of the wood-cuts representing the normal and abnormal positions of the pelvic viscera in our-text books on the diseases of females.

The correct position and size of the pelvic viscera is a matter of no little import to the gynæcologist. Those of us who live in the country, away from access to anatomical material, and if a cadaver accidentally falls into

our hands, wholly devoid of the means of its preservation and of places for dissection, are dependent for the continual refreshing of our memories upon the woodcuts and plates of our text-books.

If these be incorrect we are frequently led astray, not only as to the normal position and size of parts, but also as to their abnormal conditions. For example I would refer to the cut of retroversion in Thomas, first edition, fig. 127, and ask if we ever see a retroversion as there represented, and how many of our young physicians, fresh from college, with the meagre facilities generally offered to them for dissection, though their minds may be bright, could detect a displacement of that kind, or, using that as a guide, be able to understand the pathology of retroversion? I am sure they would only understand it after long experience, and many sad disappointments.

It is my experience that prolapse always precedes or follows retroversion, and my opinion that it always precedes it. In all cases which have fallen under my charge, I have found the uterus lying low in the pelvis, with the os below the body of the bladder, and frequently pressing the urethra against the pubes, so as to cause retention of urine, either by direct pressure, or irritation of the sphincter muscle of the bladder, while the fundus lies back in the cavity of the sacrum. It has never been my lot to see but two cases where the os was disposed to mount above the pubes, and in both of these there was large hypertrophy of the whole organ, with great constipation of the bowels, and frequent accumulations of masses of fœcal matter in the rectum. In one of them there was a large subserous fibroid attached to the fundus; the other was purely an hypertrophy from displacement, which, I think, was the result of subinvolution. I am of opinion that nearly

all displacements are the results of disease, or abnormal growths, and that the so-called displacements from relaxation or plasticity of parts are rarely if ever met with. There is rarely, if ever, disease without increase of size and weight; this increased weight, pulling and pressing on the points of support, cause them to give way, the result of which is displacement. So soon as the disease is relieved by proper treatment, a return to the normal condition follows; though we do sometimes have cases in which the parts, after being relieved, are not disposed to return to their proper relations. These cases result mostly from subinvolution, and require artificial support, either by operations or instruments.

The success of the gynæcologist in this class of cases must depend largely on his knowledge of the position of the pelvic viscera, either normal or abnormal. Therefore, if his ideal cases of normal or abnormal positions from which he deduces his data be incorrect, he will generally be foiled in his attempts at reduction, and doomed to disappointment in practice.

These, I think, are sufficient reasons for having correct cuts in our text-books, and I know of no other body better qualified for the task of revision than the Gynæcological Society. I do not intend to infer that a cut can be made to represent every displacement, but I do think that it should as nearly as possible represent the general condition of that especial displacement, whatever it may be.

EDITORIAL NOTES.

THE SIERRA NEVADA fairly groaned as it was being delivered of that Protest of the Councillors of the Mas-

sachusetts Medical Society against last year's action of the American Medical Association. See what a ridiculous little mouse it proved to be when finally laid upon the table at San Francisco.

The following official letter accompanied the Protest. It will be perceived, as we had predicted, that none of the Councillors were brave enough to be present and father the bantling.

“CAMBRIDGE, MASS., April 19, 1871.

“DR. J. C. TUCKER, *Local Secretary of the American Medical Association*,—

“DEAR SIR:—I am chairman of a committee, appointed by the Councillors of the Massachusetts Medical Society, to prepare a ‘representation’ to the American Medical Association, concerning the action of the Association in relation to the Society, at the meeting held in Washington, May, 1870.

“As the Massachusetts Medical Society *will not be represented* at the meeting of the Association the present year, I send the document by mail, and at the suggestion of Dr. Atkinson, Permanent Secretary, I direct it to you, with the request that you will do us the favor to present it to the Association at the proper time, and in the proper manner.

“The document must take its chance before the Association, upon its own merits. *There will be no one present from Massachusetts to defend it.* If you, or any other physician,—possibly some former Massachusetts man,—will do us the kindness to see that it receives *fair treatment* (which is all that is asked), you will be doing us a great favor.

“Will you please acknowledge the receipt of this note and of the document (both of which I mail at the

same time), so that I may know they have reached San Francisco in safety?

“Very respectfully yours,

“WILLIAM W. WELLINGTON.”

We print now the Protest, as furnished us for the purpose, in Dr. Wellington’s handwriting.

“TO THE AMERICAN MEDICAL ASSOCIATION :—

“The Councillors of the Massachusetts Medical Society, in behalf of said Society, respectfully represent:—

“That the Massachusetts Medical Society was regularly organized as a corporate body in the year 1781, under a charter from the Legislature of Massachusetts, and has ever since that time been a permanently organized medical society:—that one of the main purposes for which it was created, as expressed in its charter, was that a just discrimination should be made between such as are duly educated and properly qualified for the duties of their profession, and those, who may ignorantly and wickedly administer medicine, whereby the health and lives of many valuable individuals may be endangered, or, perhaps, lost to the community:—that the said Society has the legal authority to confer a license to practise physic and surgery, and embrace among its members all the regular practitioners of the State of Massachusetts, inasmuch as the stigma of irregularity is attached to any one who professes to practise medicine without the qualification of being a member of said Society; and it is believed that the said Society will not suffer by a comparison with similar bodies, in respect to the services rendered by it, and its members, to medical science and to the profession.

"The said Society further represents, that it is one of those permanently organized medical societies, which, by the terms of the second regulation of your honorable body, are entitled to appoint delegates thereto; and that it has ever since the organization of your body, until the present year, appointed such delegates to your successive annual meetings.

"The said Society further represents, that it appointed delegates to the last annual meeting of your body, convened at the city of Washington, D. C., May 3d, 1870; that said delegates received the requisite credentials, and were present therewith at the meeting, and took the requisite steps to participate in the proceedings of said meeting as such delegates, when, to their surprise, they learned that they would not be received as delegates until the question of their right to sit as such had been determined; and that this was in consequence of a protest against their reception, which had been lodged, as is believed, by Drs. Horatio R. Storer and John L. Sullivan, in behalf of a Society called the Gynæcological Society of Boston. This protest, and the questions raised by it, were referred to the Committee of your body on Ethics, who, after making such examination of the matter as they deemed fit, submitted a report, which was subsequently adopted by a vote of your body. This report in effect declares that the Massachusetts Medical Society voluntarily and improperly furnishes shelter, and gives countenance, to irregular practitioners to such an extent as to render it unworthy of representation in the General Assembly of American Physicians.

"It is with profound astonishment and regret that we find such action taken by your body towards a Society which, for nearly a century, has been devoted to the elevation of the medical profession, which has at all

times set its face against all forms of quackery and imposture, and the roll of whose members contains many of the brightest names, living and dead, which adorn the profession.

"If it could be believed that your body, by this its action, reflected in any degree the hostility which we fear animated the protest above referred to, the Massachusetts Medical Society would have contented itself with simply omitting to again send its delegates. But we cannot impute any such feeling. We cannot but believe that the action of your body in the premises was, in the hurry of preliminary business, hasty and not sufficiently considered; and that a different result would have been reached had the Committee on Ethics been properly impressed with the importance of being more fully advised of the facts in the case, and especially of the history and constitution of the Massachusetts Medical Society, and of the legal limitations to which its powers are subjected. It is the design of this communication to lay before your body, briefly, such facts, as it is believed will lead to a reconsideration of the action of your body in the premises at its last annual meeting.

"The Massachusetts Medical Society was founded at a time long anterior to the appearance of the various pretenders who now infest the community under the names of Spiritualists, Homœopaths, etc., and of course was not established for the purpose of crushing these particular forms of imposture. The main design of its foundation was to furnish society with a guard against the mischiefs arising from the assumption by ignorant persons of the responsible and delicate office of treating disease, and to that end to constitute a responsible body of educated and skilled physicians, authorized by law to examine, and pass upon, the qualifications of

those purposing to pursue the practice of medicine and surgery.

"The Society is, therefore, *one of the institutions of the State*, and can exercise such authority, only, as is conferred upon it *by the laws of the State*, and is bound by all the obligations which the laws impress upon it; touching which powers and obligations the regular tribunals, and not itself, are the judges.

"The Censors of the Society are required by law to 'examine all who may offer themselves to be approved as practising physicians and surgeons, and who have received such an education as is, or may be, from time to time, prescribed by the regulations of the Society, and who are duly qualified as candidates for such examination.'

"The Fellows of the Society have the power 'to make and enact such rules and by-laws for the better government of the Society, as are not repugnant to the laws of the Commonwealth;' but of course such rules and by-laws must be what the law would regard as '*reasonable*,' otherwise they would be held repugnant to the laws of the Commonwealth; and by '*reasonable*' must be intended what the courts would regard as such, the Society not being the judge of this question.

"Among the statutes of the Commonwealth applicable to the Society is the following:—

"'Any person of good moral character, found to possess the qualifications prescribed by the rules and regulations of the Society, *shall*, upon examination by the Censors, and not otherwise, be admitted a Fellow; and the Fellows shall have the power to suspend, expel, or disfranchise any member of the Society.'

"The qualifications for membership, established by the by-laws, are as follows:—

"'Any person may be admitted a member of the Mas-

sachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors as to his credentials, personal and medical qualifications, and character; and shall have signed the by-laws.

“‘The candidate shall be a person of sound mind and of good moral character; shall be not less than twenty-one years of age; shall have such an acquaintance with the Latin language as is necessary for a good medical and surgical education, and shall have acquired the principles of geometry and experimental philosophy. He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.

“‘No person shall hereafter be admitted a member of the Society, who professes to cure diseases by spiritualism, homœopathy, or Thomsonianism.’

“‘The offences which may be visited with expulsion are specially defined by the by-laws, and, of course, this punishment can be visited upon no one for any offence not so defined.

“‘The by-laws declaring such offences are as follows:—

“‘Any Fellow may be punished by censure or expulsion, or, having resigned his Fellowship, may be deprived of his privileges, in the manner hereinafter specified, upon charges of the following description, made to the President of the Society in writing, and signed by three or more Fellows, viz.:—

“‘1. For any gross and notorious immorality, and for any crime of which he may have been convicted.

“‘2. For any attempt to disorganize or destroy the Society.

“3. For the breach of any by-law of the Society for which censure, expulsion, or deprivation of privilege is made the penalty.

“4. For furnishing to any person, or presenting in his own behalf, a false certificate of character or studies as a student of medicine, tending to deceive the public or the Censors of the Society.

“5. For any conduct unbecoming and unworthy an honorable physician and member of this Society. (By-law VII.)’

“The method by which sentence of expulsion may be imposed is provided for in detail by a by-law. This method involves a formal trial before a board, constituted for that purpose, upon charges previously made in writing, and signed by three or more Fellows; and also a notice to the accused, who has the right to appear and defend himself.

“It will be seen, from the above statement, that it is quite practicable for a person to attain the amount of knowledge required by law; to pass the requisite examination, and thus establish his legal right to admission as a Fellow of said Society; and afterward to engage in the practice of medicine according to some exclusive dogma, such as homœopathy, and yet not render himself liable to expulsion. Undoubtedly, in some instances, few indeed in the many hundreds of members of the Society,* this act has been committed.

“That such action should in any instance be allowed to pass without an authoritative condemnation cannot be the subject of greater regret to your honorable body than to the Massachusetts Medical Society; but the practicability of applying an adequate remedy, without collision with the civil law, is not plain. It would indeed be simple and easy to frame a by-law denouncing

* The Society now numbers more than twelve hundred active members.

the practice of homœopathy as an offence meriting expulsion, and to inflict the sentence. But such action of the Society could be at once challenged before the judicial tribunals, and the question of its validity might ultimately be left to the decision of a jury, containing, very probably, homœopaths among its number.

"The members of the Massachusetts Medical Society are willing to go as far as the farthest in pronouncing their detestation of the shallow imposture of homœopathy; but they must consult the dictates of prudence before selecting an ordinary legal tribunal as the forum in which its merits or demerits are to be sifted and pronounced upon.

"They do not say that they have decided not to take the requisite measures to judicially test their ability to rid themselves of pretenders in their ranks; but simply that they have not as yet deemed it fit and expedient so to do.

"It may be said that it would be better for the interests of the profession that the Society should abandon its chartered privileges, and that its members should associate together in a private form, that thus, at least, they could preserve themselves free from irregular intrusion. This suggestion has been considered; but this would involve the surrender of the traditions of a century, of an accumulated property, and of other important privileges and facilities, into the hands of those very pretenders, whose presence among them has been complained of.

"Enough has been said to show that the subject upon which your body felt called upon to take action, last year is encompassed with serious difficulties, which perhaps were not then made apparent. The Massachusetts Medical Society ventures to express the hope that the vote then passed will be rescinded; at the same

time it takes the liberty of saying that it is no suppliant for the privilege of representation, and does not feel justified in surrendering its convictions, touching the most expedient method of managing its internal concerns, for the sake of securing it; and it ventures, with the most perfect respect, to express the opinion, that the American Medical Association can hardly possess a full knowledge and appreciation of what can, and ought to, be done by the Massachusetts Medical Society, in the matter herein discussed.

"If any apparent irregularities are suffered to continue in the Massachusetts Medical Society, it is because, in the opinion of the Society, more serious mischief will result to the profession and to medical science by the attempt to remove them, than by quietly ignoring them.

"The Massachusetts Medical Society does not desire in this representation to give occasion for any controversy with or concerning individuals. Nevertheless, it is proper, in order to a full understanding of the weight and importance of the protest lodged against its delegates, to state that the gentlemen interposing this protest were themselves Fellows of the Society. They *may* have been of the opinion that the Society had the power to do what they thus arraigned it for not having done; yet neither of them ever made the attempt to test either the power or the disposition of the Society by making charges and demanding the trial of any irregular practitioner. They were unconsciously arraigning their own self-admitted short-comings while attempting, for some undisclosed purpose, to bring their own Society into disrepute.

"It is farther to be observed that these gentlemen not only came into your honorable body with complaints touching alleged irregularities in their own Society,

which they made no effort to correct at home, but that they took the extraordinary step of protesting against the admission of its delegates without having given notice of their design. Had such notice been given, the delegates might either have remained at home, or have prepared themselves with the appropriate proofs and arguments to meet the objections to be raised.

"The spectacle of members of a Society performing the fraternal duty of objecting to the reception of its delegates, they themselves being all the while liable to the very charges which they bring against their brethren, and this, too, without notice beforehand, is not an edifying one, and is not likely to occasion unqualified admiration in the minds of honorable men. The Committee on Ethics seemed to see and to appreciate the peculiar position of the *protesters* in the present instance.

"There is one other thing which the Massachusetts Medical Society feels called upon to notice. The protest, above alluded to, contains a charge, that the Society is guilty of showing favor to the Harvard Medical School. There has been just this foundation for the charge. Until 1859, the Society was compelled by an act of the Legislature, passed in March, 1803, to admit to its membership all graduates of the Harvard Medical School. In March, 1859, this act was repealed by implication, and the Society was required to examine all candidates for admission. For several years subsequently, the by-law exempting the Harvard graduates from examination remained unrepealed, the Society thus tacitly constituting the Medical School one of its boards of examiners. The intimate knowledge possessed of the profession in the school, and of the character of the instruction therein given, seemed to render this course warrantable. But, inasmuch as doubts have arisen of the propriety and legality of this exception,

the by-law making it has been repealed, leaving the whole matter in the hands of the Censors, where by law it is placed, and who are the sole judges of the qualifications of applicants.

"It should be stated that the Massachusetts Medical Society, at its last annual meeting, passed a resolution to the following effect:—

"*Resolved*, That the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves homœopaths, hydro-paths, eclectics, or what not, in violation of the code of Ethics of the American Medical Association.'

"This resolution was passed near the close of the meeting, amid much noise and confusion, and is, of course, of no legal binding force. Expulsions cannot be thus made by the wholesale. No member can be expelled except after a trial in conformity with the by-laws. The passage of the resolution can only be regarded as expressing the earnest wish of the Society to rid itself of the various classes of persons named in it.

"It should here be added, that the Massachusetts Medical Society, as represented by its Councillors, feels that the action of the American Medical Association in relation to the Society was, to say the least, hasty, unwise, and unjust, and it cannot, consistently with its own self-respect, permit, the action to pass without protest. At a stated meeting of the Councillors, held October 5, 1870, the following vote was passed:—

"*Voted*, That no delegate from the Society be sent to the next annual meeting of the American Medical Association.'

"In conclusion, the Massachusetts Medical Society would repeat, that it does not appear as a suppliant, and that it asks no favors. It will continue to labor, as it

has done for nearly a century, to promote, as far as it is able, the interests of medical education and medical science. Whether this work shall henceforth be done in connection with the American Medical Association, or independently of it, it remains with your honorable body to decide.

"Respectfully submitted by the undersigned, a committee appointed by the Councillors of the Massachusetts Medical Society to prepare this representation.

" (Copy) WILLIAM W. WELLINGTON.

CHS. A. SAVORY.

J. R. BRONSON.

ASA MILLET.

ALFRED HOSMER.

"Boston, April 24, 1871."

It will be perceived that in the above communication, as on divers other occasions, the Councillors speak of themselves as "The said (Massachusetts Medical) Society," — a bit of self-conceit that did not fail to attract the attention of the body to whom the Protest was addressed. The threat contained in one of the closing paragraphs was also probably not without its effect. The perversion of fact relative to what formerly obtained regarding the Harvard Diploma was, of course, unintentional upon the part of the Councillors' Committee.

Having been duly presented to the Association by the Local Secretary (we ourselves were requested by that gentleman to perform this portion of the ceremonial, but we declined), the Protest was referred to the Committee upon Ethics, which consisted of the following gentlemen: Drs. Henry Gibbons, sen.,* of San Francisco (Chairman), N. S. Davis,† of Chicago, F. G.

* Editor of the Pacific Medical and Surgical Journal.

† Editor of the Chicago Medical Examiner.

Smith, of Philadelphia, J. W. Parsons, of Portsmouth, N. H., and J. M. Toner, of Washington, D. C.

The report of these gentlemen, as rendered to the Association, and adopted by it, was as follows:—

“Amongst the papers referred to your Committee is one purporting to be a protest of the ‘Councillors of the Massachusetts Medical Society,’ against the action of this Association at its last annual session. Inasmuch as there is nothing in the paper, or accompanying it, showing that it had been either submitted to, or approved by, the Massachusetts Medical Society,—and inasmuch as this Association has no knowledge of an organization called the ‘Councillors’ of that Society,—your Committee do not deem it necessary to recommend any action concerning such protest. We learn from the records of the last annual meeting of the Massachusetts Medical Society, that the following resolution was adopted by that body:—

“‘*Resolved*, that the Massachusetts Medical Society hereby expels from fellowship all those who publicly profess to practise in accordance with any exclusive dogma, whether calling themselves homœopaths, hydro-paths, eclectics, or what not, in violation of the Code of Ethics of the American Medical Association;’

“Which action we regard as sufficient evidence that said Society is disposed to comply with the Code of Ethics, and is therefore fully entitled to representation in this Association.”

“I certify the above to be a correct copy.

“WM. B. ATKINSON,

“*Permanent Secretary of the Am. Med. Asso.*”

The further consideration of the Councillors’ Protest was therefore indefinitely postponed. To its authors,

in the grief to which they have come, we tender our respectful sympathy. In the elegant language of the elder Bigelow, when himself venturing to California, they would "press forward to their destiny," and have seen "the ——." We spare their feelings and leave the Jacobian last word unsaid.

CUNDURANGO. — For the history and correspondence in regard to the recently discovered remedy for cancer, we refer our readers to the columns of the "National Medical Journal" for May and June, 1871.

A South American by birth, the advent of this new pretended messenger of mercy has filled us with the deepest interest. From the very first moment of the receipt of the intelligence furnished to the country through the Department of State, we have used all the means in our power to gain information regarding the new remedy. At the annual meeting of the Massachusetts Medical Society, on the 6th ultimo, we had the honor to exhibit our specimens to the members of that body. The interest manifested in the reading of the history and letters connected with it, and the impression of the earnestness with which they gathered around us, after the meeting, only to behold the unpretending specimen of a material which embodied a spark of hope, however dim, of the realization of so beneficent a boon from God to man, will not soon be forgotten. Dr. Dole, of Amherst, reported the history of a case of carcinoma then under his charge, where the remedy had been used. "Its beneficial effects," said the doctor, "thus far, at least, are unquestionable." *

Dr. Henderson, U. S. N., desired us, in any remarks we might make, to mention the "analogy of the discov-

* Dr. Dole's case, one of long standing, and in *extremis* when the medicine was first employed, has since died.

ery of the remedy, to that of cinchona, in precisely the same locality, Saxa, North Peru, South Ecuador."

Dr. D. W. Bliss, of Washington, D. C., who seems to have had better opportunities for trying this remedy than the most of us, promised to furnish an article for the present number of this Journal. We regret to say that a letter, received from that gentleman at a very late hour, informs us that owing to the press of business, he will not be able to send it in for July, but will endeavor to do so in time for the August number.

We take the liberty to insert the following letter from Dr. Bliss: —

"WASHINGTON, D. C., June 13, 1871.

"DR. GEO. H. BIXBY, —

"*My dear Doctor:* — Your favor of the 9th is received, and in reply I would state, that the cases of Carcinoma I am now treating with the 'Cundurango' Bark are rapidly improving. Two are cancers of the breast, in both cases secondary cancerous deposits: one in the neck, shoulder, and arm, with marked cachexia; the other with submental and axillary deposit. The secondary deposits have entirely subsided; so also the cachexia. The mamma has become soft, and assumed its normal color and elasticity. The case of Carcinoma Uteri was *in extremis*, and I am happy to say that the severe pain has *entirely* subsided, the discharge become much less offensive, and changed its character from a thin, watery, 'prune juice' discharge, to a purulent and more healthy condition. The tongue has cleared off, and become less red, appetite returned, painful micturition subsided; in short, she has really become convalescent. I have now exhausted the medicine, and my cases must wait for further treatment until July 1st, when I shall receive a large quantity, and will supply you and all others who desire it.

"Doctor, *I am not mistaken* in regard to the effects

of this remedy; it has some specific effect upon cancer and syphilis, and will prove such a blessing to suffering humanity. Very truly yours, D. W. BLISS."

At a more recent date, Dr. Bliss writes us the following:

"I have daily additional evidence of the reliability of the remedy in malignant disease, and can safely risk my reputation upon the result of its general use."

To be the discoverer, — nay, let us rather say, the favored messenger of God, sent to bear so inestimable a boon to his suffering creatures, with what worldly honors can we compare his fame? To him who should have raised in vain, by base motives, the feverish expectations of thousands of his suffering fellow-beings, *how* black and lasting would be the infamy that would surround his name !

To our worthy confrères, who have brought this subject before the world, while we would bid them "God speed," with all kindness would we remind them that not "forty" but endless "centuries contemplate their action." In the opinions of some, all that has been said or written upon this subject may savor strongly of those thousand-and-one wonderful therapeutical discoveries, of short life and well-deserved early interment, which have disappointed the hopes of countless sufferers, and tarnished the pages of medical history in all ages; — still, after reading the reports of Dr. Bliss, who, we trust, has weighed well his words, we feel there is hope enough to incite the conscientious physician to reserve his judgment until after a *careful and impartial* trial. This is what we intend to do. We desire to tender our sincere thanks to Dr. William Maxwell Wood, Surgeon-General of the United States Navy, and to Surgeon A. A. Henderson, U. S. N., for honoring us with pieces of the Cundurango wood, the former sending the last piece in his possession. G. H. B.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

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PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

FIFTIETH REGULAR MEETING, JANUARY 17.

THE fiftieth regular meeting of the Society was held on the evening of Jan. 17th, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Wheeler, Bixby, Warren, Perkins, Weston, Dutton, and H. R. Storer; Dr. H. P. Stearns, of Hartford, Conn., Corresponding Member; and, by invitation, Dr. George P. Greeley, of Boston.

The records of the preceding meeting were read and accepted.

The Secretary read letters in acknowledgment of their election as Corresponding Members, from Dr. James R. DeWolf, of Halifax, N. S., Superintendent of the Nova Scotia Hospital for the Insane, and Dr. Flodoardo Howard, of Washington, D. C., Professor of Obstetrics and Diseases of Women and Children in the Medical Department of Georgetown College.

Entered, according to act of Congress, in the year 1871, by HORATIO R. STORER, M. D.,
in the Office of the Librarian of Congress at Washington.

The Secretary announced the following donations to the library: from himself, a memoir of the President of the Society, Dr. Winslow Lewis, illustrated by an engraved portrait, and reprinted from the "New England Historical and Genealogical Register;" and from Dr. Thomas Moore Madden, of Dublin, his monographs on the Cure and Prevention of Puerperal Fever, Acute Inversion of the Uterus, The Use of the Forceps in Midwifery Practice, and Uterine Hydatidiform Disease. The photograph of Dr. Samuel Willey, of St. Paul, Minnesota, Corresponding Member, added to the Society's collection, was also exhibited.

Dr. Storer exhibited a large

MULTILOCULAR OVARIAN CYST,

he had removed since the last meeting of the Society, and reported the case.

The patient, passing the climacteric, had first noticed abdominal enlargement some eighteen months since. She had been married for many years, had been pregnant quite a number of times, but had always miscarried, the last of these occurrences having taken place several years ago. Being herself a graduate of a Female Medical College, she had placed herself, upon becoming aware of the presence of a tumor, under the care of another lady physician, who, mistaking the final cessation of the catamenia for pregnancy, had pronounced her in this condition, and had predicted that her confinement would take place last June. That month, however, passing without the expected occurrence, the female physician had called in consultation a somewhat noted homœopathic practitioner of this city, who "staked his professional reputation that confinement would take place within twenty-four hours." Six

months later, when Dr. Storer was called to see her by Dr. Sheldon, the abdomen was found to be considerably but equably enlarged with numerous localized spaces of obscure fluctuation. It had been supposed by the friends of the patient that there were present either the debris of a foetus, an intra-uterine tumor, an abdominal fibro-cyst, or ascites. Dr. Storer, however, was inclined to think the case one of multilocular ovarian cyst, although this possibility did not seem to have been previously entertained; and in this opinion Dr. Warner, who saw the patient with him, coincided. By the vagina, the uterus seemed much enlarged, and there was no fluctuation in Douglas's fossa. Believing that a portion at least of the apparent enlargement of the uterus might be explained by an irregular cyst crowded down anterior to it and partially surrounding it, Dr. Storer declined to tap, as he had been requested to do, but decided previous to any other operative interference, to dilate the cervix with sponge tents, out of deference to the so decided opinion of the friends. As had been expected by him and Dr. Warner, the uterus was found empty.

As soon as the patient had recovered from the fatigue thus occasioned, an exploratory section was made by Dr. Storer and the tumor removed, in the presence of Drs. Warner, Bixby, Sullivan, Sheldon, and Ramsey, of Memphis, Tenn. It was found that to have simply tapped the tumor would have been not of the slightest avail, so numerous were the cysts of which it was composed. There were no adhesions, and the pedicle, though broad, was of sufficient length to permit an external clamp. Notwithstanding this, however, uncontrollable vomiting set in very shortly after the operation, and the patient died from exhaustion upon the second or third day.

The Secretary stated that he had a communication of very great interest to lay before the Society. It was submitted by Dr. John Scott, of San Francisco, Surgeon to the State Woman's Hospital of California, and bore, it would be found, very directly upon a matter discussed at a late meeting of the Society, namely, —

FACTITIOUS SUITS FOR MALPRACTICE.

Dr. Scott's communication was as follows: —

"The following case, the truth of which will be sworn to in court by the undersigned, is submitted to the profession for their opinion as to the treatment pursued. An action for malpractice has been instituted and damages laid at twenty thousand dollars.

"Emma Parkinson, aged twenty-seven, one child living, admitted into the California State Woman's Hospital, 20th November, 1869.

"*History*: Has been suffering for a long time from uterine disease, and has been treated for it without relief, in Australia, Virginia, and in this city. Has had several miscarriages, and one still-born child, and her general health has been so broken down as to unfit her for the most ordinary exertion. Complains of constant pain in the back, profuse vaginal discharge of a highly irritating nature, general ill-health, and great debility.

"On examination, the uterus was found partly retroverted and adherent; ulceration of the os; the granulations prominent and bleeding to the touch; vagina inflamed, tender, and studded with minute granulations; discharge purulent and acrid; constitutional syphilis.

"*Treatment* consisted in administration of minute doses of mercury, followed by iodide of potash and cod-liver oil, a few leeches applied occasionally to the back wall of uterus, hot-hip baths, warm vaginal injections and

rest in bed. Subsequently the ulceration was treated by topical applications of iodine, c. acid, and glycerine, chromic acid, creosote, and tinct. ferri muriatis. These remedies failing to heal the ulceration or remove the discharge, the following operation was performed March 5th, 1870. The granulations were shaved off the os with the scissors, and the adjacent mucous membrane drawn across the stump and united on each side of the os by silver sutures. The wound healed by first intention, and as a consequence the vaginitis and discharge entirely ceased, and had not recurred up to June 7th, when the patient left the hospital convalescent. It is now charged that the patient has sustained irreparable injury (nature of injury not stated), and that her health has been permanently impaired by the operation and treatment.

"The opinion of the profession is respectfully requested:—

"1st. As to the propriety of the entire treatment.

"2d. As to the possibility of the patient's suffering any injury by the operation."

Dr. Storer stated that, after receiving Dr. Scott's communication he had taken the liberty, before presenting it to the Society, in view of the importance of all the points involved, of addressing a letter to one of the most prominent physicians of San Francisco, in whose opinion he placed great confidence, with a view of obtaining from a disinterested source further light upon the case. The reply was to the effect that the suit was probably brought, like that against Dr. Sayre, of New York, for black-mailing purposes, and it would also appear, like the New York case, to have been instigated, if not originated, by some professional enemy. In addition to this, there was reason to

believe that it served to cover an attack of the grossest character upon gynæcology and all specialism in the treatment of uterine diseases. Dr. Scott's statements, he was informed, would be sworn to as true by his assistants, Drs. Davis and Burgess, of San Francisco, both of them well-informed and very respectable gentlemen.

Dr. Storer went on to remark that he had requested Dr. Scott to send him replies to the following questions. The replies had just been received, and he would present them in immediate connection with the respective inquiries.

Question 1. "Give me the exact details of how you brought together the mucous membrane after shaving off the granulations; whether you dissected any of it up; and if so to what extent?"

Answer 1. "With the scissors I denuded the stump of the cervix, removing the granulations and mucous membrane to the depth of about one-eighth of an inch. There was free bleeding, which gradually ceased on drawing the mucous membrane over the denuded surface with two tenacula, and holding it there for some time. I then passed two silver sutures through the mucous membrane, taking care not to include any of the parenchyma on each side of the os, leaving the latter free. I did not dissect back the mucous membrane, for there was no difficulty in drawing it across the stump."

Question 2. "Did you take measures to keep the os permeable; and if so what were they? Was there any atresia of the cervix or vagina when the patient left your hands?"

Answer 2. "There was no atresia, and the os was open like a virgin os, and so permeable that I did not

think it necessary to incise it, as I sometimes do, and then apply iodine to the incision."

Question 3. "Have the menses been present, and if so, regular, since the operation?"

Answer 3. "The menses have within my knowledge recurred three times at the regular period, of twenty-eight days, lasted the proper time, *and were painless.*"

Question 4. "Was there pelvic cellulitis during the convalescence?"

Answer 4. "There was no pelvic cellulitis resulting from the operation.

"The fact was, I scarcely expected union by first intention, and was astonished to find it had actually taken place, leaving a perfectly healed surface with a permeable os. Indeed, to say the truth, I rather anticipated no healing by either the first or second intention, and the entire disappearance of the granular vaginitis, with the discharge and the horrible pruritis attendant on it, not a little astonished me. I may mention, however, that I have cured the most intolerable and long-standing pruritis by a similar operation, even where no erosion was present; and I account for it by the removal of the diseased follicles, as the extent taken off seldom exceeds one-eighth of an inch, except there happen to be 'allongement' of the cervix requiring a large removal."

In view of these statements, Dr. Storer remarked that personally he had not hesitated to express to Dr. Scott the following opinion: "From the evidence you have laid before me, I consider your operation to have been a perfectly legitimate and scientific one, required by the circumstances existing, and properly performed; and I believe you will receive the sympathy and support of the whole profession,—so far, at least, as it

understands the simplest principles in the treatment of the diseases of women."

The President, Dr. Lewis, stated that the case seemed clearly one in which there had been some violation of that portion of the Code of Ethics of the American Medical Association which pertains to the acknowledgment by medical men of each other's professional good name and repute; otherwise he did not think that such a suit could have had any support.

Dr. Wheeler thought that Dr. Scott's report and the corroborative evidence mentioned by Dr. Storer went to show that the gentleman had done but his duty. In such case, he should be sustained against any unjust attack or combination. Any one of the immediate members of the Society was liable at any moment to be exposed to a similarly distressing experience. He considered it due to their distant brethren, affiliated with them as corresponding members, as well as to the honor of the profession, that the Society should afford, so far as it was possible, its support to any competent gynecologist who was unjustly accused of malpractice. He would therefore move that the Society express its formal approval of the course pursued by Dr. Scott in the treatment of the Parkinson case, and that this action, with the Society's expression of sympathy, be communicated to Dr. Scott over the signatures of the President and Secretary.

Dr. Bixby seconded the resolution. He was not personally acquainted with Dr. Scott, but he was with the gentleman whose letter in evidence had been read by Dr. Storer. He was satisfied that it could be implicitly relied upon.

Dr. Wheeler's resolution was then voted upon, and it was unanimously passed.

The Secretary read a communication from Dr. J.

Hjaltelin, of Iceland, "Chief Physician" of that country under the Danish Government, and an Honorary Member of the Society, upon

THE GYNÆCOLOGY OF ICELAND.

[Dr. Hjaltelin's communication was published in the Journal of the Society for March, 1871.]

Dr. Storer considered Dr. Hjaltelin's monograph one of very great interest. It contained so many points of novelty to American physicians that a discussion of the paper by itself was almost impossible. With regard to the use of *uva ursi*, for instance, as an emmenagogue or oxytoxic, it was not a familiar one to himself.

Dr. Wheeler had heard of its employment, but could not recollect by whom.

Dr. Warren thought it had been by the late Dr. Josiah Noyes, of Needham, who used it like *secale cornutum*. Dr. N. was an accomplished botanist, and constantly tested in practice the medicinal qualities of our indigenous plants.

Dr. Storer alluded to the fact mentioned by Dr. Hjaltelin, that insomnia was most prevalent in Iceland during the short days of winter. This had not been accounted for, but might be owing to the effect produced upon the general health by the prolonged absence of the solar chemical rays. It was remarkable that cancer of the womb was unknown in Iceland, while mammary carcinoma was very common; that scarlet fever never occurred, while measles were prevalent; that pulmonary phthisis was seldom or never seen in the native inhabitants, while epidemics of influenza were frequent and extraordinarily fatal, and that true hydatids were of almost universal occurrence.

Dr. Wheeler called attention to Dr. Hjaltelin's views

concerning the non-contagiousness of leprosy, which was also a prevalent Icelandic disease, and to his statement of belief that, like scurvy, it was owing to peculiar conditions of diet, by attention to which it might be alleviated or prevented.

Dr. Dutton referred to the modern theory of the contagiousness of phthisis, its being imparted by close personal residence or association. It was remarkable that although the disease was observed among the Danish residents upon the Island, it did not occur among the native Icelanders, although there was undoubtedly intermarriage between the two classes. The observations upon the relative frequency of birth, as compared with what occurs in other nations, were also very interesting; especially those in reference to Prussia and France, in their bearing upon the present war. Dr. H. recommended bloodletting; Dr. Dutton had lately heard it stated at one of the Society's discussions that the modern practice of neglecting this remedy so completely was a mistake.

Dr. Stearns had been struck by Dr. Hjaltelin's interesting statement that hepatic disease was common in Iceland, while consumption was very rare. This was greatly at variance with the theory concerning the interdependence of these diseases propounded by some authorities.

Dr. Bixby reported a case of the

TREATMENT OF TYMPANY BY LOBELIA.

The employment of this drug for the purpose indicated was novel to him, and from its general repute he should have been prejudiced against it. In the case referred to, however, where the tympany had been very marked, and had persisted for a couple of months,

immediate relief was obtained by lobelia injections, in the proportion of one drachm of the tincture to an ounce of water. Dr. B. had never seen so sudden and so satisfactory a result produced by any remedy, as in the instance referred to. There had been little or no constitutional effect.

Dr. Bixby related a case of violent and prolonged epistaxis checked by a current of salt water passed continuously through the nares by a fountain syringe, for the space of two minutes.

Dr. Bixby suggested, with reference to the administration of food or nauseous medicines to patients whose stomach was unusually irritable, as in so many gynæcological cases, that it was often of use to precede them by the administration of a single peppermint. He had first noticed the effect by an experiment upon himself. He had found that he could thus smoke tobacco for a longer period without being nauseated.

Dr. Dutton had known of attempts thus "to switch off the sense of taste" by a moment's pressure with the finger below the inner angle of the eye.

Dr. Bixby said that this effect was analogous to checking the desire to sneeze in the same manner.

Dr. Weston remarked that the procedure was, after all, almost identical with that familiar to every sick child, namely, by pinching the nose with the fingers to avoid the horrors of epsom salts or castor-oil.

A letter was read from Dr. Chas. A. Hart, of New York, desiring to know if members of the Society had met with cases of

HYDROCELE OF THE ROUND LIGAMENT,

which affection, according to Dr. H., had received no attention from gynæcologists since the days of Aretæus the Cappadocian.

Dr. Wheeler thought that the affection must be extremely rare, an opinion coincided in by the other members present, none of whom had seen a case.

Adjourned.

THE FIFTY-FIRST REGULAR MEETING, FEBRUARY 7, 1871.

The fifty-first regular meeting of the Society was held at Hotel Pelham, on February 7, 1871, the President in the chair. Present, Drs. Lewis, Weston, Wheeler, Dutton, Warren, Bixby, Martin, and H. R. Storer; and, by invitation, Drs. E. A. Francois, of Saugus; Eddy, of Newton Corner; and Staehli and J. H. Hazelton, of Boston.

The records of the last meeting were read and accepted.

The Secretary read letters from Drs. Isaac H. Hazelton and F. M. Blodgett, of Boston, and William W. Dow, of Somerville, severally desiring nominations as Active Members of the Society. He also announced the decease of the following Corresponding Members: Drs. Isaac Rowell, of San Francisco, and Wm. B. Bibbins and George T. Elliot, Jr., of New York. Dr. Storer dwelt with peculiar feeling upon the death of Prof. Elliot as an irreparable loss to gynæcological science, and quoted the following from a letter he had received from Dr. E.'s colleague at Bellevue Hospital, Prof. Fordyce Barker:—

DEATH OF DR. ELLIOT.

“Elliot's death is a terrible grief to us all, and to me especially, for he had for many years been my colleague and my right-hand man in everything. We never had even

a moment's coolness or interruption in our friendship.

"Dr. William T. Lusk has been elected to fill the vacancy resulting from his death, as Obstetric Physician to Bellevue Hospital. My colleagues now are therefore Drs. Isaac E. Taylor and Lusk. The latter was my private student (the only one I had taken for years), is my assistant in practice, and was a great pet of Elliot. He assisted Elliot in getting out his obstetric clinic, furnishing for him all his references to German writers. He has this winter given the course of Physiology at the Boston Medical College, with what success you have better means of forming an opinion than I have. I think nearly every one in the profession here would say that he has no superior as to ability and acquirement among the younger part of the profession in this city."

The following donations to the library were announced: From Dr. Chas. T. Jackson, of Boston, the "Report of the Minority of the Congressional Committee of 1852, upon the Ether Discovery;" and from Dr. Fordyce Barker, of New York, his monograph upon "Bloodletting as a Therapeutic Resource in Obstetric Medicine."

MISCARRIAGE FROM DISEASE OF THE FŒTUS.

Dr. Warner exhibited a diseased fœtus, of some four and a half months, and reported the circumstances of the miscarriage.

Mrs. —, a lady who had not been pregnant for nearly a dozen years, and had supposed that it was impossible that she could become so again, had consulted Dr. Warner several months previously for some slight

disturbance, but had received no active uterine treatment. Upon being summoned to see her, he found this foetus passing the os uteri; as much apparently to the lady's surprise as to his own. The placenta was easily extracted, and the patient was making a good recovery. It would be perceived that the right lower extremity of the foetus was nearly double the size of the left. This was so at the time of birth, and seemed not to have been dependent upon any post-mortem change.

Upon motion, the President appointed Dr. Bixby a committee to make a microscopical examination of the specimen, which was different from anything that had been seen by any of the members.

Dr. Weston exhibited the uterus and ovaries of a patient aged thirty-four, who had died of pneumonia four weeks after confinement. The placental wound, and the process of fatty degeneration accompanying puerperal involution, were excellently shown. There was present a small calcareous concretion, the size of a bean, attached to the fundus uteri externally. This was very probably a small pediculated fibroid that had undergone degeneration.

Dr. Storer reported, on behalf of Dr. O. Goss, of Lake Village, N. H., a

FATAL CASE OF HORSE-SHOE PESSARY WITHIN THE BLADDER.

The instrument had been introduced by an irregular practitioner, by whom it had been repeatedly removed from the vagina, cleansed, and replaced. Much suffering being finally occasioned, search was made for the pessary in the vagina, but it was not to be found. The patient became rapidly worse, and died. Upon making the autopsy, under the direction of Dr. A. J. Thomp-

son, the pelvic organs were found to be completely disorganized and the cavity filled with pus. Upon removing them, the pessary fell out upon the floor. The person who had introduced it being present, "slipped his instrument of death into his pocket and left the room, I hope," says Dr. Goss, "a wiser man."

Dr. Storer remarked that this constituted, so far as he was aware, the sixth case in which a pessary had been carelessly introduced into the bladder. He himself had reported two cases; Dr. Edwards, of Lancaster, Ohio, one; Dr. Byford, of Chicago, one; and Dr. Woolen, of Moorefield, Ind., one. Dr. Byford's case and his own were all removed through the urethra by manipulation, and the patients rapidly recovered. In Dr. Woolen's case, the pessary was extracted by incision through the vesico-vaginal septum, with the result of a subsequent fistula. In Dr. Edwards' case it was violently torn out by the irregular practitioner who had introduced it, causing permanent injury to the patient. Dr. Goss's was the first fatal case; he sincerely trusted that it might prove the last.

The Secretary reported, on behalf of Dr. H. B. Stearns, of Hartford, Conn., Corresponding Member, a case of

CONGENITAL ATRESIA OF THE VAGINA.

[Dr. Stearns' paper was published in the journal of the Society for June, 1871.]

Dr. Storer, in commenting upon the peculiarities of Dr. Stearns' case, in which the vagina was divided by septa like that of an hour-glass, with healthy interspaces, stated that such occurrences were much less common than cases where the atresia was induced by inflammation consequent upon parturition, miscarriage,

or a careless employment of caustics. At times it was difficult to explain, from the history of the patient, the condition existing. As instances in point, Dr. Storer narrated the following cases:—

A Jewess, aged fifty, and unmarried, consulted him with regard to what she supposed to be external escape of the uterus. Upon examination, there was found to be what presented the usual appearance of this organ, protruding from between the labia. At its inferior extremity there existed an opening with the ordinary aspect of the os uteri. The sound entered into this freely, escaping into a cavity unusually free for that of the uterus. Above this, there was felt by the sound, a rounded nipple. Examination by the rectum revealed the fact that what had been supposed to be the uterus was merely the prolapsed and hypertrophied walls of the vagina, constricted circularly by the effusion of lymph into its tissue, at some indefinite previous period; the uterus itself remaining in nearly its proper place.

Mrs. —, of Essex County, came under Dr. Storer's care during the last year, at St. Francis' Hospital, for the treatment of metrorrhagia, depending upon an interstitial fibroid. Upon making a digital examination, the vagina was found to end in a cul-de-sac, with a small central perforation, through which, with great difficulty, the point of the finger could be passed, the os uteri proving to be situated at some distance above. Upon inquiry, the husband stated that he had always found a good deal of difficulty during intercourse, and there was nothing in the past history of the patient which could account for her local condition. He had in this instance found advantage in application of the tincture of iodine to the uterine cavity, and, as the smallest-sized speculum could not be passed, and the breadth of the constriction was such as hardly to war-

rant incision, under all the circumstances, the agent was applied by injection through a hollow sound.

Dr. Dutton referred to the discussion upon uterine injections, at a former meeting of the Society, and to Prof. Peaslee's arguments in their favor, especially the employment of iodine.

Dr. Bixby recalled the attention of members to the statements upon the subject by Drs. Lente, Kammerer, Nott, and Bryant.

Dr. Warner thought that iodine, provided an injection were determined upon, was in reality a safer agent for the purpose than simple water. A great deal of discrimination was necessary in using it. In some cases of endometritis, it was a benefit; in others, especially where there was subacute submucous inflammation, attended by tenderness, its use entailed great danger. In these latter cases, he preferred the acid nitrate of mercury.

Dr. Dutton considered that so far as the effect produced was concerned, a good deal would depend upon whether the uterine cavity was cleansed previous to the application, inasmuch as mucus, if present, would prevent the agent from coming into contact with the surface of the uterine membrane.

Dr. Warner thought that this matter of "cleansing" the uterine cavity existed rather in name than in practice, as any one might see who tried to do it efficiently. It was by no means always easy to remove tenacious mucus from within the os and cervical canal.

Dr. Warren thought that it might be done by the sponge-probang, lately brought by Dr. Cutter to the notice of the Society.

Dr. Francois had employed intra-uterine injections of iodine, in two cases, with benefit. In a third one, however, where submucous inflammation had been pres-

ent, the application had caused a great deal of trouble. In all the cases the cavity had first been swabbed out with cotton.

Dr. Bixby inquired how near it was to the menstrual period that the application was made in the last of Dr. Francois' cases.

Dr. F. replied, half way between.

Dr. Storer commented upon the importance of Dr. Bixby's question. The subject was one to which sufficient importance had not been given in the books, if indeed it had been mentioned at all. In a previous communication to the Society he had shown the importance of the presence or absence of the menstrual period in relation to an increased tendency upon the part of patients to miscarriage. This was even more marked in its bearing upon the liability to hemorrhage, or the induction of the condition of shock, from applications to the uterine cavity. It was not generally supposed that during menstruation there occurs an exfoliation of the uterine mucous membrane. Normally, this occurs in minute shreds, which escape observation. In some conditions of disease, however, a more or less complete cast of the uterus is expelled, closely resembling the decidua vera of pregnancy. When the deeper tissues were thus denuded, it was reasonable to suppose that the tendency to local or constitutional disturbance from any given application would be greatly increased. He himself in practice made no intra-uterine applications, unless for some special indication, within several days of the menstrual period.

Dr. Warner thought that if the application were made previous to the menstrual period, even if very close to it, an increase of the discharge would be most likely to be the worst result. If it were immediately

after the period, however, there would be great risk of inflammation. He would say, moreover, with regard to the general treatment of chronic endometritis, that many a good physician had defeated himself by being too impatient of his results. In many instances the case must necessarily be a long and tedious one, requiring time and a great deal of tact. Too often it was undertaken to do much within a given time. Applications were often made altogether too frequently; every other day, for instance, or even daily. This was very wrong; once in ten or fifteen days being frequently often enough. The attendant should wait until the effect of the previous application had been fully obtained.

Dr. Bixby thought that this lesson of patience was the best he had ever learned in his life, and he owed it entirely to the example of Drs. Storer and Warner, during his year's association with them. If he were to write a text-book upon gynæcology, he would dwell particularly upon this point, the necessity that the young practitioner should restrain his impatience at the slow progress of a case. He now very frequently told his patients, where the case had been a chronic one, and he believed that they would recover, that this would require a period of from six months to two years. If they got better within a shorter time, so much the better for them.

Dr. Warner thought that patience was as important in the treatment of acute, as of chronic, diseases. It was as necessary to learn when not to give medicine, as when to give it.

Dr. Dutton would refer to an important case seen with him, some time since, by Drs. Warner and Bixby. He was then at times skeptical as to whether he was really doing the patient any good. She had

now, however, nearly recovered, and he was satisfied that this result was in reality owing to the treatment of at least two years ago. He often saw benefit from a patient's resting from applications for several weeks, at intervals during treatment. He did not refer to the menstrual periods alone.

Dr. Warner considered this matter of

LOCAL REST

a very important point. He sometimes discharged patients from local treatment long before they themselves were ready, to their dissatisfaction. The general health is then attended to, and the reflex symptoms dating from the original malady rapidly disappear. He reported cases in point. Again, there were many patients, who always after menstruation speak as though they were recovering from a severe fit of sickness or a surgical operation. He had been so struck by this fact, that he now attached much more importance to the constitutional effect of the menstrual period than ever before. He would even apply his remarks to the case of apparently healthy women, and those who considered themselves to be such. In this light he believed that the physiological objection to women physicians, that had been so clearly stated to the Society at a previous meeting, by Dr. Storer, was a most valid one, and that it would be eventually and universally accepted by the community.

The Secretary read a communication from Dr. Theophilus Mack, of St. Catherine's, Ontario, upon

THE SULPHO-CARBOLATES AS GYNÆCOLOGICAL AGENTS.

Dr. Mack had found a special advantage from the sulpho-carbolate of zinc. In cases of ulceration or

erosion of the os and cervix, he had employed it by irrigation, in the proportion of half a drachm of the salt to the pint of tepid water. As an intra-uterine application, he had applied it both by injection and with a mop, and had found it to relieve septicæmia, whether used before or after the removal of decomposing matters from within the cavity of the uterus. It was also beneficial in chronic vaginitis, attended with fetid discharge; being used in solution with glycerine, in doses of ten grains at a time, applied by the tampon.

The Secretary stated that in accordance with a vote of the Society, passed at the last meeting, he had sent to Dr. John Scott, of San Francisco, the following letter, signed on behalf of the Society by the President and himself: —

“ At the fiftieth regular meeting of the Gynæcological Society of Boston, held on January 17th, 1871, papers having been submitted by Dr. John Scott, of San Francisco, a Corresponding Member, with reference to a case of alleged malpractice, it was voted, upon motion by Dr. Wheeler, seconded by Dr. Bixby, that the President and Secretary convey to Dr. Scott the sympathy of the Society, and its expression of opinion that, so far as can be judged from the evidence presented, his treatment of the case in question was alike necessitated, judicious, skilful, and successful, and, furthermore, the hope that, upon investigation, it may not be found, as in the suit against Dr. Sayre, of New York, that the prosecution in this instance has been instigated, or in any way furthered, for malicious purposes, by a medical man.”

The Secretary read a letter from Dr. Frank A. Ramsey, of Knoxville, Tennessee, a Corresponding Member, enclosing a circular from the office of the U. S. Assessor of Internal Revenue of that district, propounding questions of a character very derogatory to the dignity

of the medical profession. Dr. Ramsey's reply was read to the Society and was applauded.

Dr. Storer stated that some weeks since he had received a communication from Prof. Priestly, of London, requesting his co-operation with the prominent medical gentlemen of Great Britain who were moving in the matter of erecting suitable memorials to the late Prof. Simpson. Feeling that the compliment was one which was more truly deserved by the Society than by himself, he had requested that it, as a body, might be charged with this honorable trust. He had accordingly received a communication, which he read, from the Edinburgh Committee, desiring that the Society should act with it in behalf of America. He need not say that he believed it would be gratifying to every physician to have the opportunity thus afforded of confessing his gratitude to one of the greatest men of any age.

A resolution to accept the invitation from Edinburgh was moved by Dr. Warner, and seconded by Dr. Weston.

The President, Dr. Lewis, desired to say that the appeal thus made struck with peculiar warmth and strength upon his heart. Since Simpson's death he had constantly received fresh evidences of his transcendent worth, and he had felt drawn ever nearer and nearer towards the Society's departed coadjutor. He had honored him while living and mourned him when dead, and now that this graceful call was wafted from Scotland, he wished anew that he had the eloquence and power to portray the great teacher's characteristics, and he should esteem it a blessed privilege to add one mite to the memorial fund, one little pebble towards a cairn to his departed brother.

Dr. Warner's resolution was unanimously passed,

and measures were organized toward collecting contributions for the Memorial Fund, from the different sections of the country.

Adjourned.

CASE OF OVARIOTOMY.

BY THEOPHILUS MACK, ST. CATHERINE'S, ONTARIO.

[Communicated to the Society, and read March 7, 1871.]

MRS. NUTT, aged forty, mother of two children, married ten years, native of England, came to this country, January, 1870; consulted Dr. Mack on 30th June for dyspeptic symptoms. She then believed herself pregnant, but as she menstruated regularly, and, according to her own computation, "had gone over her time," she experienced some anxiety upon the subject. Her complexion was fair, with good color of cheeks and lips; she was in good condition, inclined to embonpoint; her habits were regular, with a love for good living; the surface of the body was healthy, the abdomen was enlarged, much beyond the usual size at the full period of gestation; fluctuation could be distinctly felt; no tenderness, no signs of foetal circulation, no placental souffle. The uterus seemed to be in proper situation; measured upon the sound about two inches more than its normal size; the os patulous and eroded, with a similar condition, extending up the cervix; leucorrhœa; urine scanty, abounding in lithates, and high-colored; tongue coated; appetite variable; bowels costive; great flatulence; mentally depressed from the recent loss of a child; pulse eighty, full and quick. No tumor could be discovered by the most careful examination. She was informed that she was undoubtedly not pregnant;

but that the exact diagnosis between ascitis and ovarian enlargement could not be clearly made just at the time. She consented to remain under my care for a few months. She was put under treatment for ascitis, based upon the hypothesis of hepatic disease. After two months, the tumor appearing to increase steadily, she was tapped, and about half a pailful of thick albuminous fluid, of a dark color, evidently such as is often found in a multilocular cyst, was discharged. A careful exploration now clearly revealed a large ovarian tumor upon the left side, probably a multilocular ovarian cyst.

The exact nature of the disease, and of the operation for its relief, having been fully explained to her, she demanded that the operation should be performed as soon as it was deemed advisable. A mild aperient having acted upon the bowels, and a careful diet having been observed for a few days, Dr. Mack, thirty days after performance of paracentesis, on the 13th of November, proceeded to the operation, with the assistance and in the presence of the following professional confrères, viz.: Dr. Goodman, Dr. Comfort, Dr. Oille, Dr. F. L. Mack, Dr. Sullivan, Dr. Alexander, and Drs. Oliver and Newburn, of Clifton and Drummondville, and Dr. Lambert, of Amherstburg.

At half-past one P. M. she was placed upon a table in a proper position, a piece of India-rubber cloth was laid over the abdomen, having an elliptic opening with adhesive margins, which were applied to the skin for the purpose of keeping the posterior surface dry. Dr. Sambers then administered chloroform to full anæsthesia. Dr. Mack made a small incision down to the surface of the cyst, about two inches below the umbilicus, and enlarged it by cutting downwards with a pair of strong curved scissors. At the point where the trocar

had entered very firm adhesions were found. The scissors were then used in an upward direction, keeping to the left side of the umbilicus until the hand could be introduced, when the surface of the cyst was carefully explored and found to be free from adhesions, except in a spot about four inches in circumference, where the operation of tapping had been performed. The large trocar of Spencer Wells was now plunged into the cyst, and fixed to the walls by the wings. A thick fluid poured out, aided by compression of the abdominal walls by Dr. Comfort, while the sac was held and prevented from collapsing by Dr. Goodman, with a strong serrated and fenestred forceps. After emptying the first sac, it was found impossible to proceed before separating the sac from the adhesions already mentioned. In the dissection for this purpose the true sac was so firmly united to the peritoneum that it was cut through, and the membrane lining the sac was for some time dissected and off from the interior of the sac; this mistake led to the extravasation of a small portion of the fluid contents into the abdominal cavity. Bags of heated sand were placed near the limbs, the hand was introduced into the sac, the cells were broken up, and a sufficient quantity of the gelatinous fluid evacuated to enable us to turn the whole mass out; and, freed from its attachments, it was supported by an assistant, while the pedicle was secured by Prof. H. R. Storer's clamp shield, at as long a distance as possible from its origin; the tumor was then cut away and received in a pail; Baker Brown's clamp was next applied, Storer's clamp shield removed, and the pedicle was seared off close to the surface of the clamp by the actual cautery; Spencer Wells' clamp was applied behind the large one and carefully secured; Brown's clamp was removed and the seared surface of

the pedicle, free from any oozing, and well secured, remained. The opposite ovary was next examined, and found to be healthy. Great care was taken to maintain the temperature of the room at eighty degrees throughout the operation, and to sustain a proper heat of the surface of the patient's body. The most careful sponging of the abdominal cavity was practised, and no source of hemorrhage or clot allowed to remain. Every drop of extravasated fluid was thoroughly removed, believing with Prof. H. R. Storer that the time elapsing for so doing is beneficial more than injurious to the peritoneum. Four deep silver wire (stout) sutures were now introduced, so as to insure apposition of a strip of peritoneal surface, and six superficial silver (thin) wire sutures securely closed the wound. Long straps of adhesive plaster, after the method recommended by Prof. White, of Buffalo, were made to encircle the whole abdomen, a broad flannel bandage was applied, and the patient was placed upon a comfortable hydrostatic bed filled with water at about eighty degrees. A warm foot-case and bags of hot water were applied, the anæsthesia was suffered to cease, a small quantity of iced brandy and water was administered, followed in half an hour by a little beef tea; the whole time from the commencement of administering the anæsthetic to placing her in bed being about two hours, from half-past one P. M. to 3.45. All water used in washing the sponges was feebly carbolized. The tumor, including the sac and contents, weighed thirty-one pounds. Her pulse, when consciousness had been fully restored, was 135. At 5.30 she had vomited the beef tea; pulse 125. Ice was administered and an enema containing fifteen drops of elixir of opium; occasional vomiting continued, when beef tea was taken, and milk was substituted. At half-

past nine the catheter was used and employed regularly every six hours as long as it was found to be necessary. A mixture of creosote and elixir of opium, five drops of the latter and two of the former, was given. At 12.30, pulse 120; is warm and comfortable; has slept quietly for forty minutes. At 3.10, as the brandy and beef tea would not remain on the stomach, champagne was substituted with excellent effect.

On the day following the operation she vomited but seldom, kept nourishment down very well, and at 4.30 P. M. pulse was 108. Weak carbolic lotion was applied to the pedicle; urine passed naturally. At 10 P. M., vomiting increased to an alarming degree; all nourishment by the mouth was suspended. Dr. Comfort, who remained with her during the night, ordered half a grain of morphia, applied mustard to the epigastrium, and gave enemata every two hours of two ounces of beef tea with ten drops of elixir of opium. On the second day after the operation the symptoms continued rather unfavorable, but the next day she began to improve slowly and steadily. The clamp came away on the tenth day, and she convalesced without a single bad symptom until now, about three months from the date of the operation. I meet her daily in the street walking, and apparently in good health. I should add that the temperature of the room was steadily maintained at between seventy and eighty degrees for a week after the operation, and at seventy degrees until she was able to sit up.

PUERPERAL MANIA.

BY PROF. FREDERICH WEBER, ST. PETERSBURG. TRANSLATED BY GEO. H. BIXBY,
BOSTON.

[Communicated to the Society, and read Feb. 21, 1871.]

ALTHOUGH puerperal mania is one of the rarest phenomena of childbed, still, few practical obstetricians will hesitate to class it among those diseases which induce inquietude and delirium. As the disease is suddenly and unexpectedly ushered in, the attending physician is often annoyed by the impatience of friends, and their importunities for relief. The importance of this malady, as well as its uncommonness, induced me, in 1866, to make use of the great amount of material at the Obachow Hospital. From 1856 to 1865 I made a careful report of forty-six cases which occurred there, twenty-three of which I had treated myself. Up to this time the subject had been but superficially treated, even in either of the comprehensive works of Scanzoni and Braun. The fact that Scanzoni has written more particularly upon the subject, in the fourth edition of his work on Midwifery (1867), will not deter me from publishing the result of my observations, inasmuch as they are based upon a far greater number of cases; for Scanzoni reports at Wurzburg but five cases in the course of forty years, whereas we have observed twenty-three at the hospital above mentioned, besides five cases in private practice. The forty-six cases which were observed in the hospital occurred as follows:—

In 1855, — 4 cases,	
“ 1856, — 1 case,	
“ 1857, — 0 “	
“ 1858, — 7 cases,	
“ 1859, — 5 “	
“ 1860, — 3 “	

In 1861, — 1 case,	
“ 1862, — 2 cases,	
“ 1863, — 7 “	
“ 1864, — 5 “	
“ 1865, — 11 “	

ETIOLOGY.

In considering the causes of puerperal mania, we shall endeavor to distinguish between the predisposing and the direct. To this end, the above statistics, though not extensive, will serve as the basis.

I. The Influence of Age.

The majority of these cases were between the ages of twenty and thirty; twenty-five out of the forty-six, or fifty-six per cent. There were five cases under twenty, and among them the youngest was scarcely seventeen. Only fifteen belonged to the various ages above thirty. From this data we affirm that young women are especially predisposed to puerperal mania.

II. Influence of Constitution.

Among the forty-six cases there were three with vigorous, fourteen with tolerably good, and twenty-nine with decidedly delicate constitutions. In thirty cases there were evidences of anæmia and chlorosis; several had suffered from tuberculosis, chronic inflammation of the kidneys, and chronic diarrhœa. The above-mentioned diseases developed during pregnancy; therefore we are able to rank consumptive diseases, coexistent with pregnancy, as predisposing causes of puerperal mania.

III. Influence of Marriage.

It appears that puerperal mania occurred frequently in young married women, and it is evident also, on the other hand, that it occurred much more frequently

among married women than among girls; for, among the forty-six cases, there were only eleven unmarried girls. Considering the lesser capability of girls to endure the excitement of pregnancy and parturition, hence a greater susceptibility to mental disturbances, we should have anticipated the opposite condition. This circumstance is readily explained by the fact that the girls did not nurse their children.

IV. Influence of Lactation.

The nursing of new-born infants exerts an important influence on the development of mania. Among the forty-six cases, thirty-four were noticed in which the mothers had nursed their infants up to the time of the appearance of the mania. In six cases only was this not the case, and in six was the fact not noted at all. Here, again, do the statistics go to prove that any violent mental disturbance, in nursing women, threatens danger to mother and child. This fact is hence of great importance in a forensic point of view.

V. Influence of the Number of previous Births.

Notwithstanding a majority of these patients were between sixteen and thirty years of age, only nine were primipara; the remaining thirty-seven, a majority, at least, were multipara. We conclude, therefore, that frequent births in young women predisposes to puerperal mania, for the reason that it induces a condition of anæmia.

DIRECT CAUSES.

In considering the direct causes of the disease in question, we found there were seven cases from violent

mental excitement after, and one during, parturition; seven from suppression of the milk; one from eclampsia; one after the use of the forceps; one from extraction of the foetus; two from detachment of adhered placenta; one from morbilli, and one from suppression of the milk, after the death of the child. In a number of cases nothing definite could be ascertained in regard to the last stages of labor. In ten cases, the following diseases of the genital organs were present, simultaneously: five of endometritis, two of perimetritis, and two of secondary hæmorrhage. The latter appears to have been the cause of the mania, by inducing anæmia. The diseases above mentioned were, no doubt, induced by the violence inflicted upon the uninvolved uterus, by the struggles of the patient during the paroxysms. The puerperal processes, though not severe, nevertheless exert an important influence upon the duration of the disease. Cases of septicæmia, and other acute affections, attended with delirium, were not included in our report. Although puerperal mania is considered a rare affection, still, in reviewing the reports of lying-in-establishments, we think we may not have erred in our opinion of its frequency; for, from these reports, we observe that the disease developed not only in the first weeks, but even two or three weeks after delivery. The majority of cases in the hospital occurred during the first week. In this manner we were able to account for the small number of nineteen cases in the clinic of Prague, among twenty-three thousand three hundred and forty-seven parturient women. At the hospital at Wurzburg there were five cases among seven thousand four hundred and ninety-eight, while in Kelffen there were one hundred and thirty-one among one thousand and ninety-four. Esquirol reports ninety-two among eleven hundred and nineteen; Haslam, eighty-four among sixteen

hundred and forty-four. This disorder does not seem to have been very rare at St. Petersburg, for Dr. Hugenberg reports at his hospital twenty-three among eight thousand and thirty-six parturient women.

HEREDITARY TENDENCY.

Concerning the hereditary tendency of puerperal mania, our material did not furnish definite data, for the majority of patients belonged to the lower classes, and could afford no reliable information upon this subject. Judging from the statistics, it is evident that the disease occurred in groups, for, in 1853, there were fifty-eight cases; in 1865, from seven to eleven; in 1866-7, only one. These facts would show that atmospheric and telluric influences must have had an important bearing upon the cause of the disease, which will appear more clearly when we consider the fact, also, that in the hospital, in 1867, there was one case in January, one in February, three in April (one also in April in private practice), two in August, and none for any other month of the year. Cases of mania passiva were very rare. We observed but four. This peculiar tendency was influenced materially by chronic affections.

The case of dementia, as has been already remarked, was the result of a previous meningitis. To take up minutely the morbid phenomena presented in the several cases of abortion would occupy too much space; besides, there is no difference of opinion among psychologists upon this point. However, in the discussion of this point, we will quote the history of a few cases which have come under our observation.

CASE I. Madame ———, wife of a soldier, aged

thirty-two, of fair constitution, but anæmic, was delivered of her fifth child. Three days after, she was seized with a chill, which was soon followed by delirium and ravings. The exact cause of the trouble was not ascertained; the milk was present in the breast, and there was no affection of the genitals; there was no fever. She raved two days incessantly, at the end of which time she fell into a profound sleep; after twelve hours, she awoke quite sane. She recovered entirely. The paroxysms were treated with opium in large doses, and, during convalescence, with nourishing diet and baths. The disease did not return.

CASE II. A woman aged twenty-three, of fair constitution but anæmic, had been delivered, by a normal labor, of her second child. Two days subsequent to her confinement, while nursing the child, she became suddenly rigid; mania, with raving, soon followed, and continued until she was brought to the hospital. The following day the fever abated, but the maniacal symptoms continued, in spite of leeches to the temples and opium and purgatives. Notwithstanding the persistence of the mania, the patient was cheerful and sang with a strong voice several Russian airs. She was very loquacious, talking so rapidly that it was impossible to follow her. After ten days' residence in the hospital, she became much quieter, but was easily excited by similar disturbances in the neighboring patients. Sixteen days after her entrance into the hospital she had fully regained her reason, but a peculiarly excitable condition still remained, which could be called forth at the relation of the simplest anecdote. This peculiar excitability, the husband affirms, has existed from her youth up, and that she suffered from hysteria at a very early age. The patient was placed under charge of her

husband. The mania never returned, and she recovered entirely.

CASE III. Madame E. K., aged twenty-eight, had been delivered of a still-born child eight days before, and had flooded excessively. Symptoms of mania followed almost immediately. There was no fever. The hemorrhage continued. After having been in the hospital three days, and the entire time confined by a strait-jacket, her reason returned, and on the fifth day she was able to converse. The treatment consisted in the use of large doses of opium, and ext. secale cornutum. We have given a single case each of *vesania* (emotional rage), and *mania activa* (restless mania). We shall now quote the history of a case, which recovered quite rapidly under appropriate treatment, notwithstanding its long continuance.

CASE IV. Madame E. C., aged twenty-four, very anæmic, was delivered of her second child November 10th, 1863. Three days after maniacal symptoms presented themselves without any known cause. On the eighth day she commenced to nurse her child; the maniacal manifestations were immediately aggravated thereby; consequently the child was removed. January 10th, her condition changing for the worse, she was sent to the hospital. The mental disturbance had continued eight weeks at home. Upon her arrival at the hospital the urinary bladder was found very much distended, its fundus reaching the navel. It was found necessary to use the catheter for several days after. The third day the mania was confined to simple melancholy. On the fifth day she was entirely free from all mental disturbance, and on the eleventh day she was discharged cured. The disease did not recur. The remedies employed were quinine and opium in large doses.

In the few cases we were able to examine after

death, in which the mania had appeared suddenly, there was more or less hyperæmia of the brain and its membranes; in the other cases, on the other hand, the brain was both anæmic and œdematous.

COMMENCEMENT AND DURATION.

In one case the disease could be traced to the pregnant state; in seven to delivery; in twenty-five to the first, in ten to the second, in three to the third, in one to the fourth, and in one to the fifth week after delivery. In these several cases the direct cause of the disease was induced by the violent agitation of the mother when nursing.

The patients remained in the hospital as follows:—

3	from	1	to	10	days.	1	from	60	to	70	days.
22	"	10	"	20	"	1	"	70	"	80	"
3	"	30	"	40	"	2	"	80	"	90	"
2	"	40	"	50	"	2	"	90	"	100	"
1	"	50	"	60	"	3	"	100	"	150	"

The relative duration of the disease, from the commencement till death or recovery, was as follows:—

1	from	1	to	10	days.	1	from	60	to	70	days.
22	"	10	"	20	"	1	"	70	"	80	"
10	"	20	"	30	"	2	"	80	"	90	"
1	"	50	"	60	"	3	"	100	"	150	"

We observe from these figures that the disease was of short duration.

The following table exhibits the termination of the several cases:—

Cured, 23.

Discharged convalescent, 15.

Died, 8.

The fatal cases succumbed to the following diseases:—

1 from morbus Brightii.	1 from typhus.
1 “ parotitis.	1 “ erysipelas capitis.
1 from tuberculosis pulmonalis.	

One case also from typhus; another from erysipelas, after complete recovery from the mania. In the chronic cases all signs of mania had disappeared long before death; only one died during the mania, without any other affection having been discovered. The report of the latter stated simply “hyperæmia of the brain.”

“SYMPTOMATOLOGY.”

Among the forty-six cases, there were but four from septicæmia. One of these was a case of dementia, the sequent of meningitis puerperalis. The others bore, more or less, the character of mania, manifested according to the different peculiarities of the individual. The mental aberration, such as constant restlessness, did not follow as the direct causes of mania. Later, after the cessation of the delirium, there ensued a state of drowsiness and apathy, interrupted by short intervals of mania; these latter could be called forth by the slightest exciting cause. In the cases of short duration every symptom of the disease passed off in from three to ten days.

In the cases of longer duration the intervals of sane moments were few at first, but later more frequent and striking; so that later the mania and unconsciousness came on in less frequent paroxysms, until they disappeared altogether. The manifestations of this mental affection were various, but may, however, be classified under three heads, namely: mania propria, mania

attended with cheerfulness; mania activa, mania attended with restlessness; visania, mania with irrational rage.

PROGNOSIS.

The prognosis of puerperal mania is not only favorable, so far as fatality is concerned, but it presents far greater prospects of recovery than any other mental disease. It is true that among our forty-six cases there were eight deaths, or fourteen per cent.; but, as we have shown above, among these only one died during the paroxysm, whereas the causes of death in the remaining seven were from diseases which affected the entire organism. The prognosis, of course, depended upon the nature, origin and form of mania; as for instance in the cases occurring suddenly from fright, and in which the course of the disease was rapid and terminated in recovery in from six to ten days. Those cases in which suppression of the milk was the exciting cause, when unaccompanied by any important general disturbance, were also of short duration and terminated favorably.

The most obstinate cases were those which followed eclampsia. Those cases which resulted from meningitis, or local puerperal processes, were much improved by treatment, but did not recover. In these latter the prognosis was less favorable on account of the length of time which had elapsed before entering the hospital. It was found that the earlier a patient was admitted, the more speedy and perfect was the cure.

TREATMENT.

The first step to be taken in the treatment of puerperal mania is to protect from violence the patient, her

surroundings, and especially her infant. This may be best effected by the prompt use of the strait-jacket. As soon as the patient finds herself powerless, and becomes exhausted, the paroxysms become less frequent and less severe. Freedom of motion, in a dark room, is more apt to maintain the raving. If we wait for a large, strong woman to become quiet, the time required would be so long that there would be great danger of inducing local puerperal processes by such long-continued violence. Besides, a dark padded room is scarcely to be found, except in a hospital where such diseases are especially treated. During the paroxysm, purgatives, followed by two-grain dose of opium, proved effectual in restraining the same. In cases of congestion of the head, the opium should be combined with some cathartic medicine, and leeches should be applied to the temples. If there are local inflammations, they should be treated locally. In chronic cases, the use of the bromide of potash was followed by good results. The diet should be of the most nutritious character. Tepid baths were useful in quieting the paroxysm. As soon as there are any evidences of an improvement in the symptoms, *all* exciting causes, however slight, should be scrupulously avoided. As the majority of these patients are of delicate constitution, frequently chlorotic, or anæmic, iron and quinine are especially indicated. Wine or stimulants of any kind we have generally reserved until the convalescent stage. Close attention should be paid to the extraordinary appetite which is very frequently present during convalescence; for the least mistake in the diet would very likely cause a return of the disease.

CASE OF TWIN COMPOUND-CONCEPTION, WITH MIS-
CARRIAGE AT ABOUT SIX WEEKS, AND DELIVERY
OF AN EXTRA-UTERINE FŒTUS THROUGH THE
ABDOMINAL WALLS FOUR YEARS AFTER.

BY J. H. BEACH, COLDWATER, MICH.

[Communicated to the Society, July 18, 1871.]

MRS. ——— came to my office, August 12th, 1870, to consult me about an abdominal enlargement.

She was twenty-eight years old, weighed about ninety-five pounds, was well-proportioned, of florid complexion, and a sanguine temperament. She is living with her second husband. She had a daughter by her former husband, eight years ago. The menses always have been regular, with the natural exception above-mentioned, until about four years ago, when she believed herself to be again pregnant. About six weeks after the supposed conception, she aborted. Nevertheless, sixteen weeks after the last menstruation, namely, ten weeks subsequent to the said abortion, she was confident of having perceived a sensation of "quickening," whilst the abdomen and mammæ were gradually and normally increasing. Her medical attendant, R. Bevier, M.D., of Plymouth, Ohio, believed her to have lost one of a twin conception, and that the mate was being normally developed. She continued to "feel motion" until the time for the expected labor. Some difficulties occasionally existed in the urinary organs, which were thought to be the ordinary results of the *enciante* condition. In all other respects she was healthy. Symptoms of labor came on as anticipated,

and the expectation of delivery was not abandoned for several days. She continued to believe that she felt feeble "motion" for one week longer, when it suddenly ceased, and, after this, the size of the abdomen and mammæ diminished. With the subsidence of the abdominal intumescence the tumor became harder and more movable.

Menstruation returned after a short time. She now suffered from occasional lancinating pains in the tumor, which seemed to become more *prominent* of late.

It could now be moved as freely as ovarian tumors with medium length of pedicle can ordinarily be. It filled the left side of the abdomen a very little more than the right; was even and uniform to the sight and external touch, and was not very sensitive.

Per vaginam. The uterus was normal, with the exception of a slight inclination towards the right side. It moved independent of the tumor.

Dr. Frank Buckland examined the case with me.

Her opinion, that it originated in conception, was presumed to be correct; but, as the outlines of a foetus could not be defined, it was believed to be mainly a fibrous growth. Its removal being advised, board in the city was engaged, and the time for operation set at "about three weeks hence," which would be at the close of next menstruation.

At the appointed time I received a letter from the husband, stating that Mrs. — was "ill of chills and fever."

More than two months subsequent, that is, about the middle of November, Dr. J. L. Hagerty, of Jamestown, Ind., informed me that he had been attending Mrs. — through a very severe fever, of a typho-malarial character, but which exhibited many eccentricities.

Dr. McNabb, of Tremont, Ind., had also visited the patient. She was now slowly convalescing, and anxious to have an operation, even before she should get strong enough to ride to Coldwater.

Tuesday, November 22d, I visited Mrs. — for the purpose of operating. Drs. S. S. Cutter and F. Buckland, of Coldwater, Mich., J. L. Hagerty, of Jamestown, T. McNabb, of Tremont, and H. D. Wood, of Angola, Ind., assisting.

The patient was feeble, but resolute. The abdominal walls were drawn tightly over the resisting mass, which presented but one elastic point, to wit, about three inches from the umbilicus, on a line towards the *anterior sup. spinous process of the ilium*. The patient and friends desired, and received, a promise, that if unusual dangers presented, the operation should be suspended, and whatever wound had been made should be closed. Anæsthesia having been induced by inhalation of chloroform, an incision was made, *in linea alba*, about eight inches in length. The greater *omentum* was found adherent to the anterior wall of the abdomen and, by its posterior surface, to the entire *front* of the tumor.

Avoiding important blood-vessels, an incision and laceration was made through the greater omentum, and the abdominal walls pushed back of the mass, which could not be raised in the least degree from the pelvis. A trocar and canula were now plunged into the elastic portion above-mentioned, and about fl. 3. ij of grumous purulent fluid evacuated.

Evidences of dangerous prostration appearing, such as sudden sinking of the pulse, gasping respiration, extreme pallor, and shrivelled surface, it was unanimously agreed that the abdomen should be closed without further operative efforts. Drs. Cutter and McNabb,

giving their entire attention to efforts at resuscitating the patient, Drs. Wood, Hagerty, and Buckland rendered most efficient and expeditious service in bringing forward the abdominal parietes. The wound was made secure with interrupted sutures, deep-quilled sutures, and "*emp. adh.*"

Scarce any blood had been lost, or serum discharged. Dr. Hagerty subsequently informed me that the prostration continued in an extreme degree for fourteen hours. The pulse at times could not be counted; vomiting, eructations, and retchings were severe as soon as she began to rally. The sutures were removed by Dr. H. on the fourth, fifth, and sixth days. The pulse rose to 135, when irregular chills came on, but subsided under the use of tonics, narcotics, preparations of potassa, local detergents and antiseptics. A considerable portion of the wound healed by first intention; but a space nearly opposite to the puncture, made with the trocar, remained open and discharged offensive matter. Dr. Hagerty leaving for Chicago, the patient fell under the care of Dr. McNabb, who shortly after surrendered her voluntarily to Dr. Wood, of Angola, Ind., under whose care the same general course of treatment was pursued, until permanent convalescence was established.

The communication between the track of the trocar and the unclosed portion of the external wound becoming more direct and patulous, Dr. Wood was enabled to reach, with a probe, crepitating surfaces, which he correctly diagnosed as foetal bones, and on the 24th of January, 1871, assisted by Dr. Dunning, of Angola, (under local anæsthesia by ether spray), enlarged the opening, and removed a partially decomposed male foetus, weighing "about seven pounds."

I have delayed the report of this interesting case for

an answer to a letter addressed to Dr. Wood, asking for details of the final operation, but have received none.

From the husband, and from Dr. Hagerty, who, on his return from Chicago, resumed charge of the patient, I have learned the most essential facts, and that the patient is now able to attend to some household duties. There was still, a few days ago, some discharge from the external wound. Menstruation has again appeared, May 24th. I have to-day received a letter from Dr. Hagerty, dated this A. M., in which he states that Mrs. — is visiting at his house (some eight miles from her home). I quote his letter: "She is getting fleshy. Four weeks ago she menstruated, with part of the flow escaping through the unclosed portion of the incision. She is now at the close of her second menstruation, with no flow through the opening, which is about three lines in diameter. In cleansing the cavity I find that it will not hold more than fl. 3. j."

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.*

BY PROFESSOR LEWIS MAYER, OF BERLIN. TRANSLATED BY GEORGE H. BIXBY, WITH
NOTES BY HORATIO R. STORER.

[Communicated to the Society, and read May 3, 1870.]

b. Occasional Amenorrhœa. This most frequent anomaly in menstruation, common to all ages of sexual life, and under all conditions, be it weekly, monthly, or yearly, is dependent, for the most part, upon general and local disturbances, in proportion to cause and effect.

To illustrate, I will quote from my statistics of menstruation above mentioned:—

* Continued from this Journal, July, 1871, p. 33.

Among one thousand women and girls,
125, or 12.05 per cent., suffered from amenorrhœa.

1. Of these, 36, or 28.08 per cent., of several years' duration.

22, or 17.06 per cent., of one year's duration.

62, " 49.06 " " " six months' "

5, " 4 " " " six weeks' "

2. 20, " 16 " " resulted in disease.

105, " 84 " " did not result in disease.

3. CONDITION OF THE MENSES BEFORE THE AMENORRHŒA.

a. 18, or 14.04 per cent., menstruated early.

13, " 10.04 " " " late.

94, " 75.04 " " " regularly.

b. CONDITION OF MENSES SUBSEQUENT TO THE AMENORRHŒA.

79, or 63.02 per cent., regular.

20, " 16 " " early.

11, " 8.08 " " late.

15, " 12 " " the menses did not appear.

4. 46, " 36.08 " " leucorrhœa was present with the amenorrhœa.

5. CAUSES TO WHICH THE AMENORRHŒA COULD BE ATTRIBUTED.

a. To births and abortions, 8 cases, or 6.4 per cent.

Of several years' duration, 3 " " 2.4 " "

" six months' " 5 " " 4 " "

With complications, 2 " " 1.6 " "

Without " 6 " " 4.8 " "

b. With mental emotions, 2 " " 1.6 " "

Of six months' duration, 2 " " 1.6 " "

With complications,	1 case, or 0.8 per cent.
Without “	1 “ “ 0.8 “ “

c. Attended with chlorosis and leucæmia, 59 cases, or 47.2 per cent.

Of several years' duration, 20 cases, or 16 per cent.

“ one “ “ 12 “ “ 9.6 “ “

“ six months’ “ 26 “ or 20.8 “ “

“ “ weeks’ “ 1 case, “ 8 “ “

Without complication, 49 cases “ 39.2 “ “

With “ 10 “ “ 8 “ “

d. To typhus and cholera, 3 “ “ 2.4 “ “

Of one year's duration, 1 case, “ 8 “ “

“ six months’ “ 2 cases, “ 6 “ “

e. To chronic diseases of the abdominal viscera, 8 cases, or 6.4 per cent.

Of several years' duration, 1 case, or 0.8 per cent.

“ one year's “ 2 cases, “ 1.6 “ “

“ six months’ “ 5 “ “ 4 “ “

Without complications, 6 “ “ 4.8 “ “

With “ 2 “ “ 1.6 “ “

f. To chronic diseases of the thoracic organs, 8 cases, or 6.4 per cent.

Of several years' duration, 3 cases, or 2.4 per cent.

“ one year's “ 1 case, “ 0.8 “ “

“ six months’ “ 4 cases, “ 3.2 “ “

Without complications, 8 “ “ 6.4 “ “

g. To chronic diseases of the sexual organs, 37 cases, or 29.6 per cent.

Of several years' duration, 10 cases, or 8.0 per cent.

“ one “ “ 8 “ “ 6.4 “ “

“ six months’ “ 19 “ “ 15.2 “ “

Without complications, 33 “ “ 26.4 “ “

With “ 4 “ “ 3.2 “ “

Attended by leucorrhœa, 16 “ “ 12.8 “ “

In a closer view of the subject of amenorrhœa, we notice two different forms, both as to its symptomatology and its effects. The first form is induced by a sudden suppression of the menses. The second manifests itself less abruptly. The expected catamenia, from some unaccountable reason, do not return, or else they lessen gradually in quantity and frequency, until complete suppression ensues.

a. The sudden suppression of the menses has acquired interest among practitioners, and is recognized by the majority of observers as one of the most prominent causes of insanity, from menstrual anomalies. This is the opinion of Guisland, Breirre de Boisman, Esquirol, Schlager, Duckworth, and others. The causal relations are here no less complicated and various than in other hitherto mentioned varieties of menstrual anomaly. There can be no doubt that the same influence which induces suppression may at the same time be the exciting cause of mental disease, from the fact that violent disturbances of the whole nervous system may follow, which manifest themselves in functional derangement of the various organs; in the brain as nervous and mental disorder, and in the sexual organs as a hindrance to the catamenia.

We notice, moreover, not unfrequently, absence of the menses occurring simultaneously with such physical and mental disorders as general debility, disturbance of the circulation, fevers, local inflammation, affections of this or that organ, vertigo, cerebral congestion, cephalalgia, neuralgia, paralysis, convulsions; in the region of the greater or lesser nervous centres appearing simultaneously with mental depression, melancholy, or insanity, and in advanced stages with dementia. It is not probable that severe diseases, like typhus, cholera, dysentery, pneumonia, and acute exanthemata, may induce mental disease, by acting

collaterally as a cause of menstrual suppression? In other cases, and especially in those induced by violent motives, such as fright, anxiety, grief, anger, etc., it is highly probable that they superinduce a morbid condition of the cerebro-spinal organs and of the rest of the nervous system, and it is probable also that menstrual suppression, in consequence of collateral disturbances in other organs, may appear as a symptom of consecutive disease and conditions of the sexual system.

Finally, we cannot deny the possibility of the sexual organs being seriously affected by such pernicious practices as the sudden suppression of the perspiration by cold baths, whether full or sitz, of which menstrual suppression may be considered the consequence, induced by enervation and derangement of the circulation and digestion, to which we shall refer under the head of "Diseases of the Sexual Organs."

The relative causal relations between insanity and menstrual suppression are intensified by those reflex influences which are exerted upon mental and cerebral disorders, and in turn upon the sexual organs which were originally diseased. In all cases, the return of the menses is to be looked upon as a favorable indication, for it is an evidence of an improved state of the pelvic viscera, which is not unfrequently followed by complete or partial restoration of mental and physical health. This being considered a critical period, the employment of means for their restoration is indicated; but it does not always follow that the favorable effect of the emmenagogue will influence the mental condition, as Duckworth contends; for mental trouble is by no means always to be considered as the consequence of physical ones. It is not always to be accepted, in those cases where suppression is present with insanity, and where the latter disappears when the uterus has been restored to a healthy condition, that the physical trouble is the

cause of the mental. Aside from this, we do not place so much reliance upon emmenagogues as Duckworth, who claims that where they are not followed by any result, an error of diagnosis has been committed; as that the disturbance has become so seated, that any attempt at a restoration of the function would be impossible, and so not to be thought of. In those cases where the use of emmenagogues has been followed by any result, it still remains a question, whether or not such a result was not produced by the restoration of the general health, rather than by any specific effect upon the sexual organs.

Quite different is the action of those remedies that are locally applied, such as leeching, injections, cauterizations, pessaries, and the like. If the cure of the local troubles and the return of the menses are followed by complete restoration of mental health, we can unhesitatingly conclude that mental diseases stand in direct dependent relationship with functional diseases of the sexual organs.

Although no one will deny the great etiological importance of the sexual system in the mental diseases of women, it is to be regretted that so little has been done to place these important relations in their true light. This has resulted from so-called "moral" reasons, which have deprived the profession of those necessary opportunities for examination and investigation, the neglect of which I consider a crime against science and humanity.

I will give here the history of five cases where connection between the mental and the physical disturbances was unquestionable, and I must not leave unnoticed a certain number of cases where this was not the case.

CASE XVI. A physically healthy woman, the wife

of an apothecary, who had been regular since her eighteenth year, was attacked at twenty-two with a mental disturbance, of an emotional character, during which the menses ceased entirely. During absence of the menses she had fits of madness alternating in exaltation and depression. There was present also a change in the imagination and the will. This condition lasted eight days, at the end of which time the menses returned, with a complete recovery of the mental powers and physical health. It is an interesting fact, that there was then nothing abnormal in the sexual organs; but, at the thirtieth year, a fibrous tumor developed itself in the uterus, which increased rapidly, and attained, at the end of five years, the size of pregnancy at the eighth month. I had again the opportunity to observe how existing predisposition to suppression of the menses developed into melancholy. With the return of the menses, the latter disappeared. Repeated attacks of amenorrhœa were followed by melancholia and nymphomania.

CASE XVII. A young girl, aged twenty-nine, of an excessively nervous temperament, which had doubtless been induced by masturbation, was, in other respects, in fair physical condition; in her twenty-third year, after severe mental excitement, she suffered from suppression of the menses, and immediately became melancholy, with suicidal tendencies.

CASE XVIII. A woman, aged forty-six, who was perfectly regular, experienced at the time of the menses a severe mental excitement. The catamenia ceased quite abruptly, and vertigo, headache, and indigestion followed immediately, with a corresponding depression, and entire change in the disposition. Upon the reappearance of the menses, there followed amelioration in her mental and physical condition. Later, there were

repeated attacks of amenorrhœa, which resulted, finally, in melancholy, and still later, in dementia. A careful treatment of the physical troubles was not followed by any result.

CASE XIX. A woman, aged thirty, had been married nine years. She was a multipara, and had suffered during her first confinement from puerperal peritonitis, from which she made a good recovery. She afterwards gave birth to three children, having always comfortable labors. Ever after the last, she had been melancholy. She suffered also from headache, but paid little attention to it. Two years since, she took a severe cold at the time of her menses, and these stopped suddenly. Slight depression of spirits soon followed, and passed into a state of extreme melancholy. She suffered from abdominal pains and leucorrhœa. The menses returned, and were attended by dysmenorrhœa. Notwithstanding this event, the melancholy persisted. Two years later she consulted me. Upon examination, I found a version of the uterus to the right, with chronic endometritis, and extensive abrasion of the cervix. The treatment of the above symptoms produced decided relief, and the patient recovered entirely from her mental derangement.

[NOTE BY DR. STORER. — Preferring that Professor Mayer's remarks upon the influence of menstruation upon the mind should appear in their entirety in the present number of the Journal, I shall defer my comments upon them till a subsequent occasion. — H. R. S.]

CASE XXXIII. (*from the Appendix*). Mrs. —, a resident of Berlin, was an intelligent and cultivated lady, of a somewhat irritable temperament. She first menstruated at seventeen, and had been twice married.

She bore three children by the first marriage, and four by the second. Since the last confinement, her health has been miserable. In addition to a very troublesome dysmenorrhœa, she has suffered from dyspepsia, and chronic affections of the chest. Physical examination revealed the following: Bronchitis; healthy heart; the liver sensitive upon pressure, but not enlarged; vaginitis, hypertrophy, and redness of cervix; a retroflexed, hypertrophied, and sensitive uterus, fixed at the supra-vaginal attachment of the cervix.

Twenty-four hours after the appearance of her menses, she took a severe cold; the latter ceased immediately; general malaise, vertigo, headache, vomiting, and a frequent desire to urinate soon followed; and, later, the following symptoms of mania:—

Excessive fear at having committed some unpardonable sin; hatred toward her nearest relatives, with an uncontrollable desire to kill or injure them; great anxiety lest her husband should not be able to provide for the wants of the family. These extraordinary symptoms existed for some days, without the slightest fever. By the use of hot foot-baths, and stimulating injections, the menses returned, and the patient fully recovered her reason.

β. The other form of menstrual suppression, amenorrhœa in the strictest sense, not unfrequently the result of a sudden and violent suppression of the catamenia, is unequally more frequent than that form which is gradually induced. While the former is capable of producing the most acute and violent mental disturbances, we observe in the latter seldom other than the slightest, which, however, in time, and by sufficiently exciting causes, may lead to the most serious ones. I have observed ten severe cases of mental disease, in which amenorrhœa was unquestionably the exciting cause;

also two cases of simple melancholy, and one of melancholy affecting the imagination and the will.

CASE I. A woman, aged twenty-five, who had twice given birth, and during both had suffered from eclampsia, had enjoyed tolerable health up to the time of her last confinement. The menses did not return thereafter, but there ensued a profuse leucorrhœa, accompanied by severe nervous manifestations, such as hyperæsthesia, anæsthesia, paralysis of the lower extremities, cardialgia, and hemicrania. Her marked, anæmic condition was attributed to frequent local depletions. I found the external genitals undeveloped, and varicose veins of the labia.

The uterine cavity measured two inches. There was present vaginitis, and extensive erosions of the cervix. Local and general treatment resulted in a complete cure of the above symptoms, and a restoration of her mental and physical health.

CASE II. Melancholy and suicidal mania.

A woman, aged twenty-nine, a cook by trade, who had been regular since her fifteenth year, suffered from suppression of the catamenia, in her twenty-first. Exposure, extraordinary physical exertion, and severe mental excitement had materially affected her general health. Notwithstanding the fact of her menses not returning at the usual time, with the exception of an occasional attack of vertigo, her health remained good. Later, there ensued a general debility, loss of appetite, and a profuse and fœtid leucorrhœa. A marked impression upon the mind was soon apparent, with a tendency to increase, and when I first saw the patient she was in a state of the profoundest melancholy, with suicidal mania.

Upon examination I found vaginitis, erosions and excoriations of the cervix, and an extremely sensitive

condition of the uterus. The latter yielded to local and general treatment, and after amenorrhœa of eight years' standing, the catamenia returned, the patient fully recovered her reason, and remained so thereafter.

Other forms of mental diseases, standing in certain relative dependence upon amenorrhœa, may be found in the three following cases: —

Mrs. X., aged forty-one, the wife of a merchant residing in P., in comfortable circumstances, had been married seven years. She had been healthy in her childhood, and had menstruated seven or eight days every four weeks since her fifteenth year. She gave birth four months before, and in two years' interval between this and a previous one her mind had been perfectly sound. After former confinements, the menses had returned in six weeks, and she naturally expected the same to occur in this instance; such, however, was not the case, but in its stead there ensued a troublesome vesical and rectal tenesmus. She became depressed and indifferent, — symptoms she had not experienced at any previous occasion. At the return of the menses, four months after confinement, the depression not only did not cease, but increased daily, and the patient complained of a sensation of discomfort along the spine, which she described to be like a ball the size of a hazel-nut, which rolled incessantly up and down under the skin; the latter frequently rested at a point between the scapulæ, occasioning the most disagreeable sensation. She imagined, at other times, that the ball passed up into her head. These hallucinations awakened complete absent-mindedness, and numberless fears and disquietudes. The patient's mind was wholly absorbed in her troubles, and she consequently lost all interest in everybody, and in everything, and was in constant fear of death from starvation. She was often

overheard repeating such expressions as the following: "I have nothing natural about me; I am not able to see, or think, when this ball rolls up into my head; I wish I could free myself from this plague, and breathe once more the pure air of spring." She was very loquacious, and incessantly rehearsed her troubles in a rapid and monotonous tone of voice. There was a flushed condition of the face, the conjunctivæ were injected, the pulse was weak and compressible. She was strong and muscular, but rather loosely built. I found dilation of the veins of the labia. The same condition, also, but in less degree, in the femoral region, purulent vaginitis; the uterus hypertrophied, anteflexed, and sensitive, with extensive erosion of the cervix. By the use of local applications, linimentem terebinthinæ, to the spine, baths, tonics, and cathartics, her symptoms were entirely relieved, the patient began to hear and see, and at the end of a few weeks was discharged cured.

CASE XXI. Melancholy, monomaniacal illusions of having been poisoned, aural hallucinations, general debility following gastric fever, occasional amenorrhœa, after the use of the cold-water cure employed for the treatment of uterine affection, chronic metritis, retroversion with lateral direction to the right.

Mrs. B., aged thirty-three, a large, spare blonde, of healthy parentage, suffered in her youth from rickets, from which she subsequently fully recovered. She first menstruated at fourteen, and eight days every four weeks ever since. She suffered in her thirteenth year from a severe gastric fever, and since that period more or less from dyspepsia, and later from chronic bronchitis, dysmenorrhœa, and leucorrhœa. She resorted to the cold-water cure for relief; cessation of the menses soon ensued, with an aggravation of all other symptoms. She became maniacal upon the idea of having been

poisoned, from the effect of which she expected every moment to die, and hence for weeks refused to leave her bed. Notwithstanding her restlessness by night, as well as by day, her physical strength did not suffer *materially*. She would engage in all sorts of work, but completed none. Later the mental state was aggravated by aural hallucinations. She imagined she heard incessantly the echo of a loud noise. She was alternately exalted and depressed; the latter amounting almost to dementia. A physical examination established the presence of bronchitis, an enlarged and sensitive liver, hymen intact, vaginitis, retroversion of the uterus with a right lateral flexion. The treatment consisted in counter-irritants to the liver, large doses of tartar emetic internally, tonics and baths. Under this the patient improved rapidly, and in due time left to continue the treatment by means of the "grape cure."

HEREDITARY PREDISPOSITION TO INSANITY, DISEASES
OF THE SEXUAL ORGANS THE EXCITING CAUSE.

CASE XXXIV. Mrs. C., aged thirty-five, of medium height, delicate form, and of an irritable and fickle disposition, was married in her thirty-fifth year. Her husband's business necessitated a frequent change of abode. She was very unsettled and unhappy, and above all things earnestly desired to become a mother. The effects of these circumstances upon her mind awakened her predisposition to insanity. The catamenia, always regular since her fourteenth year, became scanty and painful. In the interval there was present a profuse leucorrhœa, attended with bearing-down pains, and great uneasiness in the lumbar region. Depression, dulness of comprehension, visual and aural hallucinations soon followed. She imagined the last judgment

to be approaching ; that God was angry with her ; that nothing could go well in her house while she lived in it, and that there was some sort of fatality connected with her marriage. All manner of nervous manifestations presented themselves also, such as cramps, bulbus hystericus, convulsions, hyperæsthesia, etc. Upon examination, I found the uterus inflamed and anteflexed. By means of local depletion and applications, and the habitual use of the sound, the patient recovered in a remarkably short time. She remained quite well until a recurrence of the amenorrhœa, when she relapsed into her former condition. The patient consulted me again in 1867. I found the same symptoms present as before, and resorted to the same treatment with equally satisfactory results.

We notice, in the cases just quoted, that the influence of amenorrhœa is exerted, or advances upon the mind, through the interposition of physical causes. It is worthy of note, however, that diseased conditions of the mind can be induced by strictly psychical causes; as, for instance, when amenorrhœa has induced a fear of pregnancy, or in cases of *disappointment* after most earnest wishes to become pregnant, by the reappearance of the menses, after a longer or shorter period, when pregnancy was supposed to have been present. These cases must have come under the observation of every experienced physician.*

CASE XXXI. Mrs. X., native of Berlin, a stout, fat brunette from the middle class, in good circumstances, had menstruated four or five days every four weeks since her fifteenth year. She married at twenty-one. She had given birth several times with easy labor, and

*Raciborsky defends his claim to the merit of having first promulgated this idea, in a memoir entitled: De l'amenorrhœa par causes psychiques et particulièrement par la peur excessive d'être grosse, ou par le vif désir d'avoir des enfants. —*Arch. générale*, 1863, p. 529.

aborted quite a number of times, and the last, in her thirty-third year. Since this last event she suffered from dysmenorrhœa, menorrhagia, and a peculiar sense of burning at the epigastrium during menstruation. She gave birth after this, and in her thirty-fourth year became a widow. She consulted me in her forty-fourth year. She informed me that the menses had been irregular and scanty the past four months; that she had suffered from heat, pain and trembling of the lower extremities, from vesical tenesmus and anuresis, from a peculiar pain near the umbilicus, from nausea, faintness, and a sensation of constriction and distention of the mammæ. She had an aversion to different kinds of food, especially to butter. Judging from former pregnancies, she declared herself to be in that condition. She stated that, while sleeping, a strange man had stolen into her room through the window, and impregnated her. She insisted that her offspring was a toad, or a false conception of some sort. This idea caused the greatest excitement, ending not unfrequently in continued paroxysms of delirium. I found, upon examination, slight vulvitis and vaginitis, the uterus retroverted and lateroflexed, not hypertrophied nor in the least degree sensitive. Upon informing the patient the result of my examination, her countenance brightened up, and she commenced to laugh, and otherwise to express her delight and satisfaction at the death of the animal, immediately abandoned the idea of being pregnant, as well as any thought in regard to the animal, and overwhelmed me with expressions of her gratitude. A few days subsequent to this, she informed me that she had perceived unmistakable evidences of the animal's death, for now she felt a cold substance in her abdomen, and perceived a nasty taste in her mouth, which she had done before, after abortions. I examined her again

with considerable care, scarified the cervix, and in other ways purposely prolonged my manipulations. These latter sealed the patient's convictions in regard to the animal's death and entire removal, and the restoration of the mental faculties followed immediately. In the course of the following year, the patient suffered again from amenorrhœa, and again supposed herself pregnant. The catamenia returned naturally. In the interval she was restless and ill-tempered, but the mind was not impaired.

CASE III. Mrs. E., aged twenty-five, in good circumstances, was very much worried at her sterile condition. Having missed her courses a single instance, she eagerly seized upon the circumstance as an evidence of pregnancy. Having ascertained that such was not the case, she became depressed and melancholy, and serious mental disturbance soon followed. The patient was sent to an asylum, where she has remained ever since.

CASE IV. A woman, aged twenty-three, had eclampsia in her nineteenth year; since that period she suffered from chronic bronchitis, hypertrophy, and anteversion of the uterus, with erosions of the cervix, and irritation of the pudenda. Her local troubles having been relieved under appropriate treatment, she was permitted to go home. After a few months she returned in a condition of profound melancholy, with suicidal mania. Having missed her courses, she supposed herself to be pregnant. The exciting cause of her trouble seemed to be the fear of her inability to endure the suffering attendant upon delivery, rather than any horror of death. The menses subsequently returned, and the patient was discharged cured.

EDITORIAL NOTES.

A VERY LONG ROAD it is that knows no turning, and it were the basest ingratitude that did not recognize and publicly acknowledge the full accomplishment of one's heart's chief desire.

A great, fundamental, and complete change has been made in the Medical School of Harvard University. Not merely have the means been now afforded of obtaining a more thorough professional education than ever before, but the very ground plan of the school itself has been altered throughout to suit the wants of the age, and Harvard is again, by a bold stroke of administrative genius, at the head of our American medical colleges.

We prophesied, months and months ago, that this change *would* come, and very shortly too, just as we had taken occasion to show, previously, that it *must* come; and the action of the American Medical Association at San Francisco, with reference to which such bitter comments were made at the late annual meeting of the Massachusetts Medical Society, was as surely predicted, certain as we were that the time was close at hand when the old cobwebs that sloth and selfishness had woven about the school, all swept away by the resistless influence of "The New Education," we could call upon the profession everywhere to rally to the support of dear old Harvard.

Our own position has, for some time, been that of opposition. We have been contending, however, with principles, and not with men, save as these may have been the embodiment of what has seemed short-sighted or wrong. The ends for which we have striven, with

such earnestness and persistency, have all been accomplished; and it is with pleasure that we now cast down the sword. The changes that this Journal has so often suggested, have been accepted, President Eliot has stated, "by the unanimous consent of the College Faculty." This being the case, we bury the past, and shall endeavor, as best we may, to strengthen the hands of those who, willingly or unwillingly, have at last taken a stand worthy the name they bear.

To this subject we shall, and perhaps repeatedly, allude. Meanwhile, writing still from the shore of the Pacific, we commend to all friends of true reform in Medical Education the appended remarks by the President of the University to the Fellows of the Massachusetts Medical Society, wherein the same regenerative influences are actively at work that have saved the College.*

"I thank you, Mr. Chairman, in the name of the University, for your cordial words, and you, gentlemen, for this hearty salutation. Your warm greeting means more, and is more welcome than usual at this moment; for, as your chairman has said, the University has lately taken a great step as regards medical education, and stands in special need of the approbation and support of the medical profession. The University counts securely on that support, knowing that the true physician stands always ready to grasp any new weapon wherewith to fight old evils or new. Precedent does not hold the place in medicine which it holds in law. Physicians are necessarily innovators by temperament and practice. As Lord Bacon says: 'Every medicine

* Vide Dr. Carpenter's Address upon Quackery in the Regular Profession. — Boston Medical and Surgical Journal, May 11, 1871, p. 313.

is an innovation.' Again, the very existence of this ancient society is a pledge of the support of the profession in every wise attempt to raise the standard of medical education.

"The society exists mainly to guard the profession on the one hand, and the community on the other, against ignorance and imposture. The medical profession is to be congratulated that it has enjoyed these many years the best and most lasting guaranty which has been devised in this country for the protection of a liberal profession. The bar has tried to defend itself against incompetency and dishonor by legislative enactments and rules of courts concerning admission. These means have failed in conspicuous cases, and are yearly becoming less and less efficacious. The bar is consequently just beginning to protect itself by the very means which the medical profession has used so long, namely, by private incorporated associations. Now the basis of all such associations is education; from their very nature and purpose they will always hail with gladness every effort to make professional training more thorough, and to plant deeper in the minds of aspirants to a liberal profession the principles of honor, catholicity and humanity.

"You will indulge me, therefore, gentlemen, if I steal a few moments from these festive hours, to set before you the grave change which has taken place in the Medical School of the University.

"In the first place, the instruction will hereafter be given by lectures, recitations, clinical teaching, and practical exercises, uniformly distributed throughout the academic year. This year begins on the Thursday following the last Wednesday in September, and ends on the last Wednesday in June. Secondly, the

course of instruction will fill three years, beginning with the fundamental subjects of anatomy, physiology, and chemistry in the first year, and carrying the student progressively and systematically from one subject to another, until, at the end of his third year, and not till then, he will have studied all the recognized subjects of a good medical education. Thirdly, in the important subject of anatomy, physiology, chemistry, and pathological anatomy, laboratory work will be substituted for, or added to, the usual didactic.

"Every student will have his place and time in the anatomical, physiological, and chemical laboratories, and in the microscope room; and he will be made to feel that such work is even more necessary for him than attendance at lectures and recitations, and is quite as much required of him as such attendance. In this connection, I am rejoiced to tell you that the corporation has just received a most timely gift of \$5,000 from the estate of the late Dr. George Woodbury Swett, himself an ardent student of physiology, for the purpose of providing a suitable laboratory of physiology at the Medical College. Acute, searching observation is the first faculty for a physician. There is more training of the powers of observation in a month's work in the laboratory or the hospital than in years of hearing lectures or attending recitations. Lastly, every candidate for the Degree of Doctor of Medicine must hereafter pass a satisfactory examination in every one of the main subjects of medical instruction, and these examinations are to be, in part at least, by questions and answers upon paper, so that the governing boards of the University, and the profession at large may hereafter know just what the standard for the doctor's degree really is.

"These, gentlemen, are great changes in medical education. They amount, indeed, to a revolution. It

is unnecessary for me to contrast the new scheme with the old. You remember the winter's surfeit of lectures for the mass of students, the summer's surfeit of recitations for the better third of the whole school, the lack of opportunities for laboratory work, the lack of due order and progression in the arrangement of studies, the brief attendance at hospitals, the hasty oral private examination for the degree.

"And now to whom does the University and the profession owe these important improvements? To the faculty of the Medical School as an organized body. The faculty adopted these changes, after full discussion, by unanimous consent, foreseeing all the difficulties of such a revolution, risking their scanty pay, enlarging and strengthening their body by the admission of young and enthusiastic teachers, while retaining the older and more experienced, and cutting loose from long-established connections with the other medical schools of the country.

"They have been encouraged to this act by the belief that in the long run the best course of instruction will command the most public favor; by the knowledge that the new scheme is not only better for those students who have money enough, but also more advantageous and less costly than the old for those whose means are slender; by the conviction that it presents no serious obstacle whatever to those who do not neglect their opportunities; and, lastly, by their confidence in the support of the profession which has longed for, and indeed loudly demanded, some change in the established system of medical education.

"Ultimately, therefore, gentlemen, the responsibility is with you. Professional education can never be much in advance of the general sentiment of the profession. Give the University the encouragement of your sym-

pathy, the moral strength of your approbation, and the benefit of your advice to young men and their parents, and the experiment upon which the Medical School will enter next September will soon prove a conspicuous success. We hope to be found worthy to ennoble the whole family of medical schools in this country."

H. R. S.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. V.] SEPTEMBER, 1871. [No. 3.

PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

FIFTY-SECOND REGULAR MEETING, FEBRUARY 21.

THE fifty-second regular meeting of the Society was held on February 21st, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Weston, Warner, Bixby, Dutton, Blake, Martin, Warren, Wheeler, Field, and H. R. Storer; Francois, of Saugus, Corresponding Member; and, by invitation, Dr. R. B. Granger, of Boston.

The records of the preceding meeting were read and accepted.

The Secretary announced the following donations to the library: from Prof. Otto Speigelberg, of Breslau, the second portion of the first volume of the "Archiv für Gynækologie," edited by himself and Prof. Crede, of Leipsic; from Dr. W. W. Dawson, of Cincinnati, his paper upon Chloroform Deaths; from Dr. Carl Both, of

Entered, according to act of Congress, in the year 1871, by HORATIO R. STORER, M. D.,
in the Office of the Librarian of Congress at Washington.

Boston, his monograph upon the Morthology of the Filum Terminale of the Spinal Cord; from Prof. Weber, of St. Petersburg, his paper upon Cholera in Pregnancy; and from Prof. G. E. Fenwick, of Montreal, fourteen bound volumes, namely, the "British American Journal of Medical and Physical Science," for 1845, 1851, 1860, 1861-62, edited by Prof. Archibald Hall, of McGill College; the "Canada Medical Journal" for 1852, edited by Prof. McDonnell and Dr. David; and the same journal for 1865-70, edited by Profs. Fenwick and F. W. Campbell.

Drs. Isaac H. Hazelton, of Boston, and Wm. W. Dow, of Somerville, were elected Active Members of the Society.

The ballot for another candidate for Active Membership, who had not received the recommendation of the Committee upon Membership, was deferred till the next meeting.

The Secretary read the following letter:—

"607 FOLSOM ST., SAN FRANCISCO,
6th February, 1871.

"MY DEAR SIR,—I have received yours of 25th ultimo, and I beg you will tender my cordial acknowledgments to the Gynæcological Society for their prompt and considerate action in my case. Unfortunately it did not reach me in time for publication in the 'Pacific Medical and Surgical Journal,' a copy of which I send you, and in it you will find my statement of the case authenticated by Drs. Burgess and Davies, who were associated with me in the treatment. Very greatly to my regret, the case has been dropped, the reason assigned by the opposing counsel being 'no medical evidence to sustain it,' and I regret it the more because I am thereby prevented pillorying Dr. Blake,

(lately Professor of Obstetrics in the Toland Medical School and now of the California University), for his atrocious conduct. The plaintiff has informed me, and two of the lady managers of the Woman's Hospital, that it was Dr. Blake who had instigated the suit and who had promised to furnish the funds! I stated this to a personal friend of Blake, and the latter wrote to me 'denying absolutely that he had either instigated the suit or offered to furnish the money,' and demanding my authority. I gave him the plaintiff as my authority, and to my letter he has not replied. Now that the case is over, the plaintiff's lawyer called on mine, and stated openly and without reserve that Dr. Blake brought the plaintiff and wife to his office, and then and there detailed the case for prosecution!! My lawyer has given me permission to state the actual facts as broadly as I like, but warns me that if I should place myself in the position of citing the plaintiff's lawyer to substantiate the matter in open court he will probably shield himself under his privilege as a lawyer in the case. What am I to do? On Christian principles I do not feel myself justified in publicly horsewhipping Dr. Blake, but I know no other punishment so suitable. For a similar offence he was cowhided in Sacramento by a medical man lately deceased. Unfortunately there is no esprit de corps in the profession here, no real regard for its honor, or I would have him expelled from his professorship and generally tabooed from society.

“Yours, very truly,

“JOHN SCOTT.”

The Secretary also read, as illustrative of many communications of a similar character addressed to the editors of the Society's Journal, the following extract from a letter from a physician of Ohio. Its reading elicited much applause:—

"Both of us have been subscribers and readers of your Journal from the beginning, and we have not only *enjoyed* its reading, but trust we have *profited* withal. While we should have enjoyed something better than the lampooning you have given self-conceit and tyranny, I have myself known the necessity that exists for such work. I am a native of New England, and am thoroughly posted in relation to medical matters in Boston and vicinity, and I give you a most hearty God-speed in the work in which you are engaged. If your *physic* cleans out the self-conceit and presumption of such men as Prof. Buckingham and colleagues, you will confer a benefit on them as well as on the profession and the community at large."

Dr. Storer presented, on behalf of Mr. Leopold Babo, of Boston, specimens of nitrated charcoal for applying the actual cautery to the cervix uteri. Dr. Storer remarked, and showed by lighting them, that the coals now exhibited perfectly answered their indication, and were in marked contrast to those he had exhibited at a previous meeting.

Dr. Bixby presented, on behalf of Messrs. Harris Brothers, of Boston, samples of their imported Champagne cider, made from the juice of crab apples. The bottles were opened, their contents duly administered to the gentlemen present, and unanimously approved.

Dr. Granger exhibited, on behalf of Messrs. Codman and Shurtleff, of Boston, a

PNEUMATIC ASPIRATOR, FOR THE DETECTION AND DISCHARGE OF COLLECTIONS OF PUS,

it being an improvement, by them, upon the apparatus devised by Dieulafoy, of Paris, which was exhibited to the Society by Dr. Martin at a previous meeting.

Dr. Storer called attention to the great value of this instrument in the diagnosis and treatment of pelvic abscess, too many instances of which were still permitted to go on to a fatal termination without any attempt at relief. It was of very great importance, where pus existed, to discharge it at an early period. Its detection, without instrumental exploration, was not always possible, even by the most expert diagnostician. In many cases the ordinary exploring trocar, even though entering the cavity of the abscess, did not discharge or take up a single drop of the fluid. In others, though aided by the exhausting bulb of Gaillard Thomas, the result was the same. He had frequently found it necessary, in default of an instrument like that exhibited by Dr. Granger, to employ suction by the mouth,—a method very efficient in itself, but disgusting, and at times nauseating to the operator. He had thus settled the diagnosis in the fifth of the cases of perinephritic abscess recorded by Dr. Bowditch, in the first medical and surgical report of the Boston City Hospital.* He had done the same thing within a day or two, in an obscure case of pelvic cellulitis, seen in consultation with Dr. McColleston, of Groton. In this case instrumental suction having failed, a bit of rubber tubing was attached to the exploring trocar, which had been passed so high behind the uterus that it lay entirely within the vagina, and the mouth applied; the operator having, of course, taken the precaution to protect himself by napkins. After a moment's suction the trocar was removed, and upon the canula being blown through, it discharged pus; thus settling the diagnosis.

It should also be borne in mind that though pus should not be discovered at the time of the operation,

* *Loc. citat.* 1870, p. 41.

it might be discharged through the opening made by the trocar, within a very few hours, as in a case Dr. Storer had lately seen, in consultation with Dr. Holbrook, of East Douglas. His own experience and opinion were in accord with those of Dr. Bowditch, as expressed in the City Hospital report, to which allusion had been made. Dr. Bowditch's practice was in marked contrast with that of Dr. Sinclair, his associate at the same institution, who, as was shown by his paper upon peri-uterine inflammation,* preferred to let patients linger along or die, rather than resort to surgical interference.

The paper upon pelvic abscess, by Dr. Blake, of the City Hospital, read at a previous meeting of the Society, furnished an excellent illustration of what might be effected by courageous, yet scientific treatment.†

Dr. Blake remarked, that in the paper referred to he had taken strong grounds in favor of surgical interference. From extended observation since that time, both in private and hospital practice, he had become the more convinced that this view was the correct one.

Dr. Warren thought it possible that Dr. Sinclair's object, in the City Hospital report, might have been simply to prove the correctness of his diagnosis, no matter whether the patients recovered or not.

Dr. Storer replied that an inspection of the report showed conclusively that this was not the case.

Dr. Martin stated that the surgery in these cases, nowadays, was often hap-hazard and unsatisfactory. He thought that surgical interference was as justifiable and advisable in purulent collections about the pelvis as anywhere else in the body. He reported a late case of

* Boston City Hospital Report, 1870, p. 403.

† See this Journal, 1870, vol. ii. p. 159.

pelvic abscess, which he had evacuated two inches within the rectum, by the bistoury.

Dr. Blake was of the opinion that the let-alone policy, with reference to pelvic abscess, prevailed altogether too much among surgeons. Two of the cases reported by Dr. Bowditch occurred in his own practice, and the surgeons who operated upon them had to be urged to their work.

Dr. Martin had carefully read Dr. Bowditch's paper, and had noticed that in one or two of the cases but little pus was discharged.

Dr. Blake stated that in these, however, there existed all the usual constitutional symptoms, and it was well known that they might be occasioned by the presence of a very minute quantity of pus.

Dr. Martin was satisfied that it was often well to make several exploratory punctures in different places, if the first were unsuccessful. It was better to take this risk than to let the patient die without aid.

Dr. Storer remarked that the first case in which he had fairly appreciated the great benefits of surgical exploration for pus within the pelvis, was seen by him, in Edinburgh, many years since. The patient was brought from the country, to Prof. Simpson, in a dying condition. At the autopsy, the fasciæ of the pelvis were found very extensively separated from each other by the burrowing of the pus.

Dr. Martin referred to the alleged fact, alluded to by him at a former meeting, that the Pneumatic Aspirator could be introduced into the liver, kidneys, etc., or even into the small intestines, for the relief of tympany, without injury.

Dr. Blake had himself reported such a case, when the subject of tympany was under discussion by the Society.

It was not uncommon for abscesses of the liver to be tapped.

Dr. Martin reminded Dr. B. that this, however, was a very different thing from what he had himself spoken of. To prove the harmlessness of the procedure, French operators had passed the trocar of the aspirator directly into the hepatic parenchyma.

Dr. Francois reported a case illustrative of

THE STILL PREVALENT IGNORANCE OF DIFFERENTIAL
DIAGNOSIS.

It had occurred in his own practice. A patient who had four times intentionally miscarried, and had been treated for disease of the spine, consulted him for general convulsions. He endeavored to use the speculum, but was deterred by spasm of the vagina. Though he suspected there might be uterine trouble, he did not, at that time, ascertain the fact, for the reason referred to. From that time he did not see the patient for three years, until she consulted him a month or two ago. She was now much worse. The general and local spasmodic tendency still persisted; her spine had been blistered from top to bottom by sulphuric acid. Her menses had all along been regular, but scanty and painful. There was extreme general hyperæsthesia, and she could not lie upon her back at all. She had not walked for five years, and upon attempting it staggered like a drunken person. Dr. F. now made a careful uterine examination, and found that there existed submucous endometritis, with extreme tenderness of the organ. He had formerly thought that there was present disease of the spinal cord, perhaps progressive locomotor ataxy, but he was now satisfied that all those symptoms were merely reflex. Under appropriate treatment there was

already a decided improvement; the menses were more profuse and attended with less pain.

Dr. Warren inquired if Dr. F. attributed the uterine disease to the abortions that had taken place.

Dr. Francois replied that he had no doubt that it was thus occasioned. In this case, although the patient had habitually employed cold injections after coitus, she had repeatedly become pregnant.

Dr. Francois having thus expressed his opinion, Dr. Warren remarked that he had known uterine disease to be similarly produced.

Dr. Storer alluded to the fact that in some instances of criminal abortion in the married, the wife was not so much to blame as the husband. He reported a case, occurring in good society, where, the wife objecting, he had reason to believe that she had been forcibly tied to the bed by the husband, in such a position that the criminal operation became possible, and was performed by her attendant, who was a Fellow of the Massachusetts Medical Society.

Dr. Martin did not believe any such idle story. Some women were altogether too prone to throw doubts upon the character of their husbands.

Dr. Weston, on the other hand, from his position as coroner, had had abundant evidence for believing that such cases as that reported by Dr. Storer, although exceptional, were in no sense exaggerated.

Dr. Storer remarked that the circumstances of the case, as detailed by him, were all corroborative of each other. It was not one of the idle stories referred to by Dr. Martin, of which he knew there were altogether too many afloat, but it bore every stamp, not only of probability, but of truth.

Dr. Warren had repeatedly seen the patient referred to, and would remark that the incidental way in which

the fact had been mentioned to Dr. Storer was, to his mind, strong proof of its reality.

Dr. Martin considered such a case to be as apocryphal as that of the famous Philadelphia dentist, who was charged with offering violence to a patient under anæsthesia.

Dr. Warner said that the cases were not at all analogous. In the Philadelphia case, referred to by Dr. Martin, the woman undoubtedly believed that the unjust charge she made was true. She had been attacked by the delusion during the delirium produced by ether, and it had persisted after she had recovered from the anæsthetic condition.

Dr. Wheeler had had a very similar experience within the last two months. The patient had suffered from dysmenorrhœa. For this he gave chloroform, and upon coming to herself, she was sure she had been confined, asked for her baby, and could not be undeceived for many hours.

Dr. Martin said that in this case the delusion was a mere matter of intoxication, and passed away with the fumes of the chloroform. This was very different from the condition that obtained in the Beale case, at Philadelphia, where the delusion became a permanent one.

Dr. Warner considered, on the contrary, that Dr. Wheeler's case was perfectly in point, for the delusion lasted for many hours, even after the patient had positive evidence that she must be mistaken; whereas, in the Philadelphia case, there was no such evidence to undeceive the woman.

Dr. Martin repeated, that all sorts of lies were told by wives concerning their husbands, and he thought it very improper for physicians to listen to such stories.

Dr. Warner was of the opinion, upon the other hand, that there were many cases where it was impossible

to treat uterine diseases with the usual benefit, on account of the conjugal brutality of husbands. This had to be borne in mind, and often cautioned against. Conversation with the physician upon these matters was often very legitimate. He never knew a patient to refer to them for gossip's sake, nor did he believe that women affected with uterine disease were generally such notorious liars as Dr. Martin had implied.

Dr. Martin thought there existed very curious relations between the uterus in women and their veracity. They are prone to talk very improperly, and to tell very naughty stories about their husbands, where injury from excessive sensuality has existed.

Dr. Storer thought that Dr. Martin must be mistaken upon this point; at least, the experience of that gentleman had been very different from his own. Many of the gravest charges that were made, were the result of downright insanity, however temporary the attack. He instanced a case which had been under his charge at St. Joseph's Home. The patient had been previously at the City Hospital, and made the most atrocious statement concerning the manner in which she had been treated while there by the attending physician. She was laboring under catamenial mania. Her delusion existed only during the menstrual periods, and was absent during the intervals. Dr. S. would grant that, beside these insane patients, there was a class of women who, though sane enough, seemed really to be possessed by a devil. In number, they were, fortunately, comparatively few; sufficient, however, to make physicians appreciate the dangers to which they are exposed in the practice of their profession.

Dr. Blake had known cases like those described by Dr. Storer.

Dr. Warner referred to the fact pointed out by Dr.

Storer, in his work upon "Reflex Insanity in Women," that the medical officers of insane asylums cannot safely treat gynæcological cases in the institution under their charge. During the past season he had visited the Provincial Lunatic Asylum at Halifax, N. S., and had been assured by Dr. De Wolf, its Medical Superintendent, that, so true was this statement, he never dared to make a vaginal examination of an insane patient.

Dr. Bixby read a translation of the paper that had been received by the Society, from Prof. Weber, of St. Petersburg, upon

PUERPERAL MANIA.

[Dr. Weber's paper was published in this Journal for August, 1871.]

Dr. Martin had listened with interest to the communication from Russia, but had not got from it the novel ideas that he had expected.

Dr. Blake considered Prof. Weber's treatment very unsatisfactory. In a late case of puerperal mania, under his own charge, he had obtained benefit from chloral.

Dr. Weston remarked that Prof. Weber had not mentioned what to do in cases of refusal to take nourishment.

Dr. Martin had found great advantage, in puerperal mania, from clearing out the lower intestines thoroughly by turpentine and castor oil. With reference to chloral, to which allusion had been made by Dr. Blake, he wished the Society would take up, for consideration, the question of its safety.

Dr. Blake had lately reported to another society a case of death under chloral. The patient had been suffering from a large abscess under the patella, which he had evacuated. Four grains of opium had been pre-

viously given, in divided doses, without effect. He now ordered twenty-five grains of chloral every hour. The first dose was vomited up pretty completely; the second was kept down. The patient woke up several times, but died unexpectedly in seven hours. An autopsy was refused.

Dr. Martin had largely used chloral, and was delighted with it. He thought that the doses recommended by some writers were not safe. There existed a great difference in the purity or strength of the article. He had repeatedly seen this, where patients had obtained different specimens from different sources. Those that were inferior were very pungent, leaving an extremely disagreeable and persistent bitter effect upon the palate; the pure article gave off an odor of chloroform when treated with liquor potassa. Physicians have too often spoken of chloral as contra-distinguished from opium, so that the public consider opium to be unsafe, and chloral to be perfectly innocuous.

Dr. Blake had given as much as $\text{ʒ} \text{iv}$ of Morson's chloral in delirium tremens, twenty grains being exhibited every hour, for twelve hours, without producing a quiet state. In some nervous cases it caused violent excitement, and he did not consider it reliable for inducing sleep.

Dr. Martin did not agree with Dr. Blake upon this point. He had found chloral an admirable hypnotic where there existed mere insomnia.

Dr. Blake asked if the presence of pain was to be considered a counter-indication.

Dr. Martin thought not, although the effect of chloral was more marked when pain was absent. A certain dose will produce sleep in any given person; beyond that dose cerebral excitement will be produced instead, with severe headache the next day.

Dr. Warren was in the habit of combining chloral with opium. The sleep was prolonged, and the heart's action diminished. He asked if, in Dr. Blake's fatal case, the patient had entirely rallied from the opium that had been taken. He had himself been very much alarmed, in a case where he had combined the two drugs.

Dr. Martin thought very properly so. Such a combination ought never to be made.

Dr. Granger stated that a Boston physician had died in this city, last August, from the effect of an overdose of chloral.

Dr. Storer stated that if the views of Dr. Martin, concerning a difference in the character of the chloral that was employed, were correct, not only did it explain the discrepancies of observers, as to its effects, but he would say that there must have been very many narrow escapes from death, that had not been reported. He had himself very early employed chloral, at the repeated suggestion of Sir James Y. Simpson, and in much larger doses than was now the custom. Testing the drug upon himself, he had taken as high as sixty grains at a dose, with the effect of almost immediate hypnotism. The effects were very similar, as regarded the sensations at the time, and the prolongation of the sleep, to those produced by the taking of 3 ii doses of chloroform into the stomach, — a remedy which he had repeatedly employed upon himself in this manner, in the vain attempt to cure periodical summer catarrh.

Dr. Martin remarked that Dr. Storer had evidently experienced from these doses the toxic effect of both drugs. Time enough did not elapse for their complete absorption, before their action had commenced, and it had evidently been proportionately prolonged, as in poisoning by morphia, discussed by the Society at a late

meeting. A case had recently occurred, at Roxbury, of death from an overdose of morphia. The homœopath who had prescribed it wrote "Diphtheria," upon the undertaker's certificate, as the cause of death. He was satisfied that practitioners of that persuasion were in the habit of employing hypodermic injections of morphia, and enemata of opium.

Dr. Bixby alluded to the translation of an excellent paper upon chloral, by Prof. Bouchut, of Paris, in a late number of the "*Pacific Medical and Surgical Journal*," in which the different results that were obtained were explained by the purity of the drug, as had been suggested by Dr. Martin.

Dr. Warren inquired if any of the members had yet employed the sulpho-binate of sodium, which he had found of great benefit in dyspepsia, especially that accompanying pregnancy. He had administered it in doses of eight grains, three times a day, and had noticed that it relaxed the bowels.

Dr. Weston would in turn inquire, whether Dr. Warren considered the remedy to be really as effective as ordinary bi-carbonate of soda.

The Secretary read a communication from Dr. Robert P. Harris, President of the Philadelphia Obstetrical Society, requesting information concerning Cæsarean Sections, that might ever have been performed in Massachusetts.

Adjourned.

FIFTY-THIRD REGULAR MEETING, MARCH 7, 1871.

The fifty-third regular meeting of the Society was held on the evening of March 7, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Martin, Weston, Bixby, Wheeler, and H. R. Storer,

and Theophilus Mack, of St. Catherine's, Ontario, Corresponding Member.

The records of the last meeting were read and accepted.

The following donations to the library were announced: from Prof. Alexander R. Simpson, of Edinburgh, his Lecture Introductory to the Course on Midwifery and the Diseases of Women; and from Dr. C. C. P. Clark, of Oswego, N. Y., his paper upon the Management of the Obstetrical Forceps.

The Secretary read a letter from Dr. George P. Greely, of Boston, offering himself as a candidate for Active Membership.

The Committee upon Membership having reported unfavorably with reference to an applicant, the ballot for whom was postponed from the last meeting, he was unanimously black-balled.

Dr. Storer exhibited a specimen of multilocular cyst, from a case of

OVARIOTOMY, THE ABDOMINAL WOUND BEING INTENTIONALLY LEFT OPEN.

He had performed the operation since the last meeting. The patient, aged thirty-nine, was confined of her first child a little over a year ago. Shortly afterwards she began to exhibit symptoms of abdominal enlargement. This steadily progressed until she was tapped in January last by her medical attendant. Within the following month she consulted Dr. Storer, who, considering the case ovarian, advised the removal of the tumor. This fact being made known to the gentleman formerly in charge, he endeavored to dissuade the patient from submitting to the operation, upon the ground that it would inevitably prove fatal. She, however, entered

St. Francis' Hospital, and, the catamenia being present at the time, the operation took place upon the 4th inst., there being present, Drs. Lewis, President of the Society, Warner and Bixby of Boston, Campbell, of East Boston, Weston, of East Cambridge, Wheeler, of Chelsea, and Dow and Chapin, of Somerville. Upon exploratory incision, there were found to be extensive and very firm attachments to the peritoneal wall and omentum, and for the space of four inches to the transverse arch of the colon. Upon breaking these down, profuse hemorrhage ensued. Dr. Storer's clamp-shield having been applied to the pedicle, he proceeded to secure this by a new method, somewhat approximating to, yet differing from, that suggested by Emmet, of New York. The extremity of the pedicle having been perforated, the ends of an annealed iron wire were passed through these openings, upon a director, as in the cobbler's stitch, and compression thus secured. The clamp-shield being now removed, no hemorrhage occurred. A bleeding extremity of omentum was brought out at the lower angle of the wound, beside the pedicle, and a loop of wire thrown lightly round them both. The pedicle was then transfixed, by two long acupressure needles, the extremities of which were allowed to remain upon the abdominal wall. The wound was then sutured for its lower half; *the upper portion being allowed to remain permanently open*, as suggested by Dr. Curtis, of Tenn., at a late meeting of the Society, and as practised by Dr. Storer in a late successful case of ovariectomy, at Wakefield. The abdomen was then encircled by broad strips of adhesive plaster, as recommended to Dr. Storer at a previous successful operation by Dr. Mack, of St. Catherine's, after the suggestion of Prof. White, of Buffalo. The patient, thus far, was doing well.

Dr. Mack communicated the report of a late successful case of ovariectomy, in which he himself had been the operator.

[Dr. Mack's paper was published in the Journal of the Society for August, 1871.]

Dr. Mack prefaced his remarks by stating that he considered it of more importance to science that unsuccessful surgical cases should be reported than those in which recovery took place; and this, no matter what the standing or reputation of the operator.

Dr. Storer had been extremely interested in the surgical details of Dr. Mack's admirably conducted case. There were many points of interest. For instance, it was not every surgeon who was fortunate enough to have at his service an expensive English hydrostatic bed. It was possible that, in some respects, this might be preferable to any other. He had himself, as he had stated at a previous meeting of the Society, found the greatest advantage from the so-called Crosby surgical bed, one of which had been kindly presented to St. Francis' Hospital by Dr. Wheeler. For abdominal sections it was peculiarly valuable.

Dr. Mack stated that, in the instance of the hydrostatic bed, there was the additional advantage, that the patient herself tended to keep up the heat of the bed by that of her own body.

Dr. Wheeler remarked that in a successful case of Dr. Storer's, where he had himself had the charge of the after-treatment, and where there had been an excessive tendency to vomiting, he had substituted iced champagne for brandy and ice, as Dr. Mack had done, with very great benefit.

Dr. Mack thought that too often, after operations for ovariectomy, there was an overcrowding of nourish-

ment. It required great judgment, to know when to give food and when to stop giving it.

Dr. Warner had seen many abdominal sections. In the cases in which death had ensued, it had almost always been from exhaustion dependent upon excessive vomiting; seldom from peritonitis. He thought there was little to fear from the latter complication, but far more from gastric irritability.

Dr. Bixby had found that this irritability was often relieved by flaxseed poultices to the epigastrium. He would inquire if Dr. Mack had had a similar experience.

Dr. Mack agreed perfectly with Dr. Bixby. Poultices were preferable to fomentations, for they retained heat and moisture, and gave great comfort to the patient, without wearying her. He thought a good deal of a steady, equable temperature. In the case he had reported, the room was heated by a simple coal stove.

Dr. Wheeler considered such points as these, so often said to be trivial, to be of cardinal importance. Their decision one way or the other often turned the scale.

Dr. Mack considered that the absence of dread regarding extended exposure of the peritoneum to the external atmosphere, took from the operation one of its greatest anxieties. He considered that more credit was due to Dr. H. R. Storer, for the improved practice in this respect, than to all other authorities combined; many writers of the present day, as Byford, Thomas, and others, still teaching that the peritoneal cavity should be closed as quickly as possible. It was often of the greatest importance to keep it open, even for several hours, until hemorrhage from ruptured adhesions, etc., had entirely ceased.

Dr. Wheeler remarked that the same mistaken idea still prevailed in the profession upon this point, as in

regard to the opening of diseased joints. Many surgeons feared to make such opening; whereas it often proved the best of stimuli.

Dr. Mack stated that this was certainly true, and, moreover, it was nature's own way of effecting a cure. He was satisfied that prolonged exposure of the peritoneum to air of an equable and moderate temperature was not of itself attended with danger; the condition being very different from that in exposure to extreme heat or extreme cold.

Dr. Warner considered the prevalent opinion, as to the danger of operating upon the peritoneum, was a mistaken one. Acute inflammations of it, as in puerperal peritonitis and other forms of so-called special disease, were often but local explosions of a constitutional disorder, just as disease of the throat in diphtheria. He had seen so many successful abdominal sections, by Dr. Storer, during the last three years, that he had come to the belief that the peritoneum could be cut and exposed to the air about as safely as any other portion of the body.

Dr. Weston inquired whether Dr. Mack preferred hot or cold water for sponging during the operation.

Dr. Mack replied that it should be tepid. The sponges should be new, never have been used, and have been carefully cleansed. He had become, he might say, a convert to the benefits of carbolic acid, and to the germ theory.

Dr. Warner alluded to the great benefit of frequently throwing a cloud of carbolized water-dust, by the atomizer, about the room for several days after an operation.

Dr. Martin asked if such feeble solutions of carbolic acid as are ordinarily employed were of much use in destroying organic germs.

Dr. Mack answered, that for disinfecting a room they would be useful, and, besides, the purity of the water that was employed would thus be ensured. He had disinfected rooms by evaporating a solution of the acid upon a stove. He had thus once nearly lost a patient, through the carelessness of a nurse, who by mistake desired to give to the patient a table-spoonful dose of the warm solution. The error was detected in time to prevent swallowing, but the lips and mouth were badly vesicated. He thought he had seen benefit from a strong application of carbolic acid to the ovarian stump.

Dr. Martin found, in the success of long abdominal incisions, an argument against the truth of the germ theory.

Dr. Wheeler asked Dr. Mack what anæsthetic he preferred.

Dr. Mack replied that he used to employ ether, but that he now always gave chloroform. It was far more pleasant and less cumbrous.

Dr. Storer inquired what had been Dr. M.'s experience as to the comparative effect of the two agents, as to inducing nausea and vomiting.

Dr. Mack replied that it had been so long since he had employed ether that he had forgotten. Prof. Frank H. Hamilton, of New York, told him, the other day, of a death from ether, just lately at Bellevue Hospital. He thought that chloroform was certainly as safe as ether.

Dr. Weston suggested that, in speaking thus, Dr. M. could not be aware of the proposal that had been made, to erect a shaft of black marble on the Public Garden here in Boston, over against the ether monument, to the victims of chloroform.

Dr. Mack had been reading the inscription on the

ether monument only that morning. What was written there was very extraordinary, taken in view of what he had been told of Dr. Horace Wells' connection with the ether discovery, and the fact that he had endeavored, however unsuccessfully, to demonstrate that discovery here in Boston.

Dr. Weston had found, in the after-treatment of Dr. Storer's case of ovariectomy, his suggestion of fanning the patient when nauseated, of great efficacy in preventing vomiting.

Dr. Storer stated that the credit of this suggestion belonged to Dr. Bixby, and not to himself. It would be noticed that in this case he operated during menstruation. He had done this but once before, Mr. Spencer Wells being present at the operation, in a patient from Tennessee, and the patient had recovered. Dr. Wheeler had kindly taken charge of the after-treatment of that case. He was not sure but that it would be found that, so far from being a hindrance, the presence of the catamenia was of advantage in ovariectomy, as tending to prevent an undue amount of inflammatory action, and toxæmia.

Dr. Wheeler had very recently heard from the Tennessee patient alluded to by Dr. Storer, and she continued in good health.

Dr. Warner had also recently heard from the patient at Wakefield, where Dr. Storer had first ventured to leave open the abdominal wound after ovariectomy, and she was in excellent condition. He believed that the patient would hardly have survived if the operation had been performed in the usual manner.

The Secretary read a communication from Dr. Ely Van De Warker, of Syracuse, N. Y., a Corresponding Member, upon

THE DETECTION OF CRIMINAL ABORTION.

[Dr. Van De Warker's paper was published in the *Journal of the Society* for May, 1871.]

Dr. Storer remarked that he considered the paper that had just been read a most valuable contribution to practical gynæcology and medical jurisprudence. It discussed many points that were practically new to science.

Dr. Warner reported a case of

GROSS VIOLATION OF THE CODE OF ETHICS OF THE
AMERICAN MEDICAL ASSOCIATION.

In April last he had diagnosticated perinephritic abscess, in a case he was attending with Dr. Storer, and they both expressed the opinion that an operation was indicated. The patient preferred to postpone this until after returning from the country, where she passed the summer, with much benefit to her general health. Since her return in October, she had, however, rapidly grown worse. There was evidently a large collection of pus in the left hypochondriac region, and Dr. Warner again in February, very strongly urged the operation, being supported in this opinion by Dr. Storer, and by Dr. Bowditch, who was also called in consultation. At the suggestion of some friends of the family, Dr. Warner was desired to ask Dr. Morrill Wyman, of Cambridge, to see the patient with him. To this, Dr. W. willingly consented, and appointed an hour for the purpose. Dr. Wyman, however, not only refused to "consult with any physician who practised that specialty," namely, the diseases of women, but offered to see the patient alone, by himself,

before the hour appointed by Dr. Warner; although distinctly told by the husband that that gentleman was to continue in charge of the case. He did so visit the patient, and peremptorily advised against any operation, although she was rapidly sinking, having already passed into the condition of septicæmia. Feeling very naturally aggrieved, and convinced that delay was jeopardizing the patient's only chance for recovery, Dr. Warner called in Dr. Hooker, of East Cambridge, who agreed that the operation was required. Accordingly, on the 7th of March, nearly a fortnight's precious time having been lost through Dr. Wyman's ungentlemanly course, the operation was performed by Dr. Storer; Drs. Warner and Bowditch being present. The diagnosis having been settled, and pus shown to be present, by the use of the pneumatic aspirator, a large trocar was passed just behind the angle of the lower short rib, and nearly a quart of extremely fetid matter discharged. The patient, though very feeble, was now doing well. There had been little obscurity about the diagnosis, for many months the uterus being mobile, and no induration of the pelvic cellular tissue to be detected by the vagina. Dr. Warner reported the case as one in which nearly all the chances of a patient's life had been sacrificed to a jealous professional selfishness, and as an instance of gross violation of the code of ethics of the American Medical Association. He would say, moreover, that Dr. Bowditch, upon writing to Dr. Wyman for an explanation of his strange conduct, had been told in reply, that Dr. W. did not wish to give Dr. Bowditch any unnecessary pain, but that Dr. Warner "had been or was associated in practice with Dr. H. R. Storer." Dr. W. had previously supposed, from what he had heard of Dr. Wyman, that he was both a skilful diagnostician and a gentleman; but from his connection with the present case,

he feared that in both these respects he had been misinformed. He did not blame Dr. Wyman, whom he did not know even by sight, for refusing to consult with him, if he saw fit, although as a Fellow of the Massachusetts Medical Society, and a Permanent Member of the American Medical Association, he had perhaps a right to a little more show of courtesy. Dr. Wyman had, however, behaved in a very dishonorable manner when he entered the patient's house and visited her professionally in the absence of the regular attendant. It was not to his credit, besides, when he spoke in so contemptuous a manner of gentlemen, who, like the members of this Society, acknowledge and endeavor to relieve the diseases of women.

Dr. Wheeler was very much surprised and shocked at the conduct of Dr. Wyman. He would hardly have supposed that mere jealousy, or any other personal motive, could have induced so prominent a physician to behave in so unprofessional a manner.

Dr. Martin considered that refusing to consult with a member of the profession in good and regular standing was a very grave offence, indictable before a Board of Trial of the Massachusetts Medical Society.

Dr. Lewis, the President, thought, too, such conduct, imperilling as here the life of a patient, was alike contemptible and wicked.

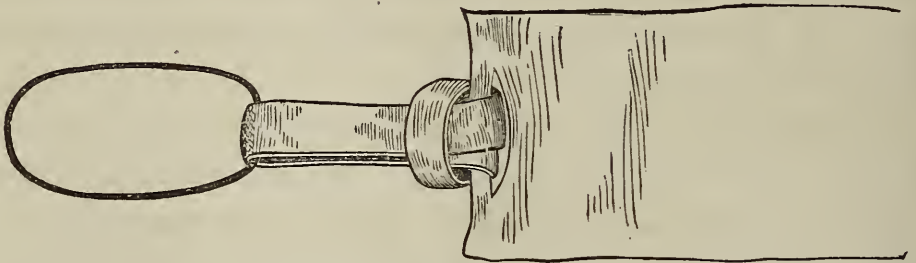
Dr. Martin desired to say a few words concerning the

SPRING LIGATOR FOR THE OVARIAN PEDICLE,

which had been lately suggested by Dr. Greene, of Portland, Me.* He considered the question of its utility an important one. He had himself formerly been associated with Dr. Kimball, of Lowell, in the conduct of

* Boston Medical and Surgical Journal, 1871, vol. 7, p. 137.

many ovarian cases, and had satisfied himself that improvements in treatment were very necessary. Among other things he had conceived the idea that a spring like that of Dr. Greene's might be useful. He had never used it, however, for ovariectomy, but he had applied it with benefit in several cases of fistula in ano. He had employed metallic wire, with a rubber band attached; this being fastened to the external surface by strips of adhesive plaster, as in the specimen exhibited to the Society. He had ordinarily placed a pad of



lint under the edge of the wire to prevent it from cutting into the buttock. Dr. Green had spoken of reunion of the several tissues behind the loop. He had himself noticed the same effect. This was an important matter in the instance of anal fistula, in laboring patients, who cannot easily lie by. It was also interesting with reference to the question of what became of the distal extremity of the ovarian pedicle after its separation.

Dr. Warner had operated, when in general practice, many years ago, upon the conductor of a railroad in the West, for fistula, by a silver thread with rubber under the twist. It acted but imperfectly, however, cutting the tissues but partially, and not being followed by healing.

Dr. Storer related, as interesting in this connection, a case of longitudinal hypertrophy, at the Lying-in Hos-

pital many years since, where he had amputated the cervix uteri by Gooch's canula. Reunion of the tissues followed the track of the ligature, but it was here a disadvantage.

Dr. Martin would recall a case somewhat analogous. It was reported by Dr. Bartlett, in one of the early volumes of the Medical Communications of the Massachusetts Medical Society, somewhere about the year 1798. A thread had been tied around the neck of a child and forgotten. The child in some way becoming sick, its presence remained unnoticed. It was lost between the folds of the integument, ulceration took place, and it was covered in during healing. Its presence subsequently becoming recollected, it had to be dissected out.

Dr. Wheeler reported a case of

OPERATION FOR PELVIC ABSCESS.

The lady, aged thirty-five, had for some time been losing health and strength. Ten days ago she consulted Dr. Wheeler. There was then an indefinable pain in the lower part of the abdomen, which had been thought neuralgic, or connected with the head of the cœcum, by the physician who had been previously in attendance. The first examination revealed nothing positive, the great object at that time being to give relief from the pain, which was effected by opiate enemata and warm fomentations. Subsequently it was ascertained that there was some thickening of the roof of the vagina, with heat and tenderness. Dr. W. now suspected the existence of pus. Shortly afterwards, he got indistinct fluctuation from within, under the inner edge of the pubic bone, extending transversely towards the median line. He accordingly passed a trocar just above the pubes, struck pus, discharged

it, and the patient was now convalescent. Dr. Wheeler took occasion to dwell upon the difficulty of a correct diagnosis in these cases, and of the necessity of an early operation, as had been insisted upon, at a late meeting of the Society, by Dr. Storer. Dr. Warner spoke of the folly of waiting, as so many physicians still did, till "pointing" should spontaneously take place. This was very evident in the East Cambridge patient, whose case he had reported at the present meeting; this patient would have died before "pointing" could have taken place.

Dr. Martin remarked that in those cases of the class reported by Dr. Wheeler, where a spontaneous discharge was allowed to take place, it was usually into the vagina or rectum. He had had many cases of abdominal and pelvic abscess, but had only operated in two or three of them. He should now, however, do so freely and fearlessly, more especially since he had become acquainted with Dr. Storer's views. Dr. Wheeler had alluded to a long continuance of the disease before symptoms of the existence of pus became apparent. He thought this was of common occurrence. Absorption of the fluid portions of the pus might occur, the case become chronic, and go on until it eventuated in an acute abscess, in consequence of a blow or other injury.

Dr. Martin related the case of a young woman who fell into a cellar while a child. Ever afterwards there existed a pain in the inguinal region, with the sense of resistance to the touch. The patient finally caught cold, with an increase of the pain, etc., though there was no fluctuation. Upon the third or the fourth day, symptoms of peritonitis set in, with distention and tenderness of the abdomen. Dr. M. called in consultation Dr. Storer, sen., who gave as his opinion, that the patient

could probably live but a very short time, just as used to be said in similar cases by the late Dr. John Ware. Dr. Martin thought so too. The patient had been taking calomel and opium. These were continued until the gums were affected, with an improvement of the symptoms. An examination being now made by the rectum, though none by the vagina, a fluctuating tumor was discovered, the size of an orange. This broke into the rectum, discharging pus, and the patient made a rapid recovery.

The Secretary read extracts from a letter that he had received from Dr. Joseph Sargent, of Worcester, Mass., in reply to the inquiry lately made of the Society, by Dr. Harris, President of the Obstetrical Society, of Philadelphia, relative to the history of the

CÆSAREAN SECTION,

in Massachusetts. It also bore upon the general subject of malpractice, or rather professional stupidity, instances of which had been reported at the present meeting. The following is Dr. Sargent's report, the case having occurred about sixteen years ago: —

"The patient, a very large and plethoric woman, in advanced pregnancy, was struck, as I suppose, with what the French call 'apoplexie foudroyante.' A messenger was sent in great haste to my house, about forty rods distant. I was absent, but Dr. Rufus Woodward happened to be at my house, calling on my brother, Dr. Henry Sargent, who was himself sick. Dr. Woodward answered the summons immediately, and found the woman absolutely dead. His decision was made at once, and he returned to my house for a knife or two, and for my brother Henry, who accompanied and assisted him. The section was made, and a healthy living

child was removed. This was the boldest and best thing that had been done here in surgery since I came to Worcester. The child lived eight hours, and would perhaps have lived till now, if an older physician had not been called, in Dr. Woodward's absence, because the child worried. The older physician shook his head, suggested that the mother might not have been absolutely dead before the knife killed her, intimated that the child would have had fits, as the mother had had, and gave a Dover's powder, under which the child died also."

Adjourned.

UPON THE QUESTION OF THE PROPRIETY OF OPER-
ATING FOR MALIGNANT OVARIAN DISEASE.

BY HORATIO ROBINSON STORER.

[Read before the San Francisco Medical Society, July 25, 1871.]

I HAVE been very much interested by a paper upon Malignant Diseases of the Ovaries, by Prof. T. Gaillard Thomas, of New York, that has just been published.* It was evidently prepared with care, and, were its premises granted, its conclusions would necessarily be pronounced logical. Believing, however, that these premises are such as cannot in all their entirety be maintained, it has seemed to me advisable to urge upon the profession a totally opposite course of practice, in view of the very great practical importance of the questions at issue, notwithstanding the well-deserved reputation of the gentleman with whose opinion I shall be found to differ.

Prof. Thomas entitles his article, a clinical contribution to the *diagnosis* of malignant ovarian disease. He

* American Journal of Obstetrics, May, 1871, p. 76.

proceeds, however, to state that "The recognition of the fact that the ovarian disease which affects a patient partakes of the character of any one of the forms of cancer just enumerated (scirrhus, medullary, or villous), must ever be a matter of great moment, for upon it must depend not only our prognosis, but the determination to adopt or reject the operation of ovariectomy. If the case be one of malignant disease, operative procedure will accomplish little if any good, while it exposes the unfortunate sufferer to pain, prolonged sickness, and the danger of death." It will from this be perceived that with reference to his own opinion as to the propriety of performing extirpation in such cases, no doubt whatsoever can be entertained. His opinion, however, seems to have been founded upon but five cases, which are duly reported, in but four of which was the diagnosis supposed to have been settled by abdominal section; the fifth patient remaining unoperated upon at the time of the report. Regarding the character of these four cases, which alone, therefore, can be discussed, attention must be given to the frank admission which precedes them. "It will be observed," says Thomas, "that I speak of these cases as malignant diseases, but not as true cancer. None of those which I have had an opportunity of inspecting, resemble in appearance cases of medullary or scirrhus disease as it develops in other organs of the body. To touch and sight they have given the appearances of cauliflower growths of the cervix uteri, and seem rather to belong to the family of vegetating epithelioma. Even as to the real malignancy of all the cases described I cannot be entirely positive. The question is an unsettled one as to the true nature of these growths."

Under these circumstances, it might reasonably be objected, in the first place, that it is hardly warrantable

to assume that in such cases "operative procedure will accomplish little, if any good," or that upon their recognition, even could such positively be made, "must depend the determination to adopt or reject the operation of ovariectomy." Secondly; malignant disease, or even pseudo-malignant disease of the ovary, is extremely rare. With regard to this point, as to so many others pertaining to ovariectomy, the earlier statistics are utterly worthless. Many cases are upon record as instances of ovarian cancer, which we now know to have been instances of one or another aberrant form of a perfectly benignant type. Out of a long series of abdominal sections upon the living subject, which I have myself conducted or at which I have been present, I have known but a single instance which proved one of undeniable cancer, and this a patient at Chelsea, Mass., operated upon by Dr. Wheeler of that city, and reported in the "*Journal of the Gynæcological Society of Boston.*"* In the case referred to, to have removed the disease would have required the removal of the whole pelvis.

Upon the other hand, I have repeatedly operated upon cases, quite a number of whom have recovered, where from the character of the symptoms the disease might have or had been supposed malignant by physicians who had been in attendance, and an operation perhaps advised against on the ground, again to quote Thomas, that it could "accomplish little if any good, while it would expose the unfortunate sufferer to pain, prolonged sickness, and the danger of death." Typical instances of the varying character of such cases are the following, a portion of which will also be found reported in back numbers of the *Gynæcological Journal*: —

CASE I. Mrs. M. was placed in my hands by Dr. Faulkner, of Jamaica Plain, Mass., the case being a

* Loc. citat., July, 1869, p. 26.

very doubtful one, from the fact that there existed three large and fluctuating abdominal tumors, while the history was that of ovarian rather than of fibroid disease. An exploratory section revealed *cystic disease of both ovaries with a Wolffian cyst*. They were all removed, and the patient recovered.

CASE II. Mrs. N., of St. John, N. B., was sent to me by Drs. Berryman and Walker, of that city, the case presenting very anomalous features. Upon section, I found *cystic disease of both ovaries, the one filling the cavity of the abdomen, and the other impacted below the brim of the pelvis and occupying its cavity*. They were removed, the latter with extreme difficulty, and the patient recovered. Of this peculiar and extremely unfavorable complication, an occupation of the pelvic basin by an ovarian cyst, entirely beneath its brim, and bound down by universal adhesions, I have had two other cases, both of them in the city of Boston. In both but one ovary was affected. I performed the radical operation in each instance, tearing out the cyst from its bed by force. One patient recovered; the other did not. Without an operation, both of them must, of necessity, soon have died, as would also the St. John patient above alluded to.

CASE III. Mrs. — was transferred to me by Dr. Jordan, of Wakefield, Mass., who kindly superintended the after-treatment. Extremely cachectic, it seemed that she could hardly survive the shock of an operation. Upon section, there was found a "*rotten*" multilocular cyst, into which my fingers plunged in every direction upon the slightest effort at raising it from the abdomen. It was removed, and the lady made an admirable recovery.

CASE IV. Mrs. O'B., of South Boston, had noticed a rapidly increasing tumor, that first appeared after confinement. Tapped once, it had been but partially les-

sened in size, and her attending physician had advised against any radical operation. The patient passing under my care, this gentleman took the trouble of revisiting her, to warn against an operation, even if I should advise it. She was admitted into St. Francis' Hospital, and upon section I found a *multilocular cyst, very extensively and firmly adhered to the large intestine*. Those adhesions were forcibly broken down, the tumor removed, and the patient recovered.

I could report other similar instances, very doubtful in their character before exploratory section, in some of which the operation for removal proved successful and in others it did not; but the above will suffice for my purpose, which is, to show that a presumption or even probability of the ovarian disease being malignant, should be no bar to an attempt for its removal. For reasons which will hereafter appear, I will not limit this remark simply to an exploratory section.

Thirdly; Prof. Thomas might be thought to have himself invalidated the conclusions of his own paper, by allowing, as every skilled ovariologist now has to do, that "when difficult and obscure cases present themselves, in which a positive diagnosis becomes impossible by ordinary means, paracentesis, or explorative incision, should be resorted to, rather than that the patient should be deprived of the prospect of cure held out to her by ovariectomy." Rather, however, than seem to discuss mere verbal admissions instead of the great general principle involved, I pass the above with the statement that for myself I am in the habit of going very much farther than Thomas would seem to do; for I believe that in no instance whatsoever, however clear a one it may seem, is a perfectly "positive" diagnosis "possible by ordinary means," or, indeed, by any means whatsoever, short of exploratory section. I, moreover,

hold that, in every instance of operation, a "positive diagnosis" should be withheld until this has been done, and that the first incision should be purely of an exploratory character. There can be no doubt, again, that such exploration should be made far more frequently than is now the case. Too many instances have occurred, analogous to, if not as unfortunate as, the two of discovery of a pregnant uterus instead of an ovarian cyst, that have occurred to a prominent Eastern operator, and too many patients still go to their grave because their attendants take it for granted that, from the presence of this, that, or the other symptoms, "operative procedure will accomplish little if any good."

Again: The four cases of operation reported by Dr. Thomas all proved fatal. In but two of them, however, does there seem to have been any unusual difficulty in removing the masses present, and in but one of them did death occur before the fifth or sixth day. In the case referred to there was profuse primary hemorrhage, and the patient died from exhaustion. So far as they go, therefore, even had they proved unequivocally malignant, — a point which it will be recollected Dr. Thomas is not inclined to insist upon, — he is hardly entitled to argue against the removal of the cancerous ovary upon the ground of any unusual difficulty or danger during the operation, or any greater risk of death immediately or very shortly after its performance.

In the fifth place, it is a mere assumption to assert that in unequivocal ovarian cancer, the neighboring tissues being unaffected, the disease must necessarily return in the stump or in the other ovary, if an operation for removal is performed. Still more fallacious is the argument, in the case of tumors like those reported by Thomas, where their malignant character is doubtful, to say the least. The tendency of the most experienced and most successful operators of the present day is

more and more towards operating in doubtful cases. Many of the best recoveries, as I have stated, are of cases that have been condemned as unfit for an operation, because of a supposed likelihood that the patient would die upon the table, or inevitably subsequent to the operation. As I write these lines here in San Francisco, a case in point is under my observation, the operation having been performed by Dr. Maxwell, of this city. There had been present almost every one of the symptoms, extreme rapidity of growth, etc., detailed by Thomas as diagnostic of malignant disease, to such an extent, indeed, that Dr. Maxwell had at first entertained serious doubts of the propriety of an operation. Upon section, there was found a large multilocular cyst, free from adhesions superiorly, but with such extensive pelvic attachments as to shorten the pedicle to a degree at first sight seeming to preclude the idea of applying a clamp, which, however, experience has proved to average so much safer than any of the intra-peritoneal methods of treatment. Upon the application of my clamp-shield, which permits the removal of these tumors, without the slightest hemorrhage from that source, it was found possible to tear and dissect away so much of the base of the pedicle as to effect the desired extra-abdominal fixation, this being a very important additional procedure that as yet has but seldom been performed. *The larger portion of the abdominal wound was left unclosed*, as in several of my own later operations, and the lady has made a satisfactory recovery.

Sixthly: with regard to the unfavorable symptoms upon which Prof. Thomas has based his paper, it will be noticed that he has himself made an admission fatal to his whole line of argument. Ordinary "cystic degeneration of the ovary," he has to admit, "sometimes advances with great rapidity, and is accompanied in its

course by rapid emaciation, marked physical prostration, ascites, and a cachectic appearance. It may be asked whether a case thus complicated would not present the very conditions which have been pointed out in this essay, as furnishing grounds for the diagnosis of malignant disease. Unquestionably it would; but let it be remembered that while these symptoms are mentioned as valuable aids to the diagnosis, I do not pretend to maintain that they will always enable the diagnostician to avoid error."

This admission is of itself sufficient to show how completely Dr. Thomas has fallen into the too common error of arguing in a circle. One other quotation will make this still more evident, as I intimated when stating that the presumption or even probability of the ovarian disease being malignant, should be no bar to an attempt for its removal. Dr. Thomas had described a case, No. II. of his series, where there was neither abdominal dropsy, cachexia, marked depreciation of strength, or decided emaciation, and where neither paracentesis nor exploratory incision raised even a suspicion of malignant disease. From the colloid contents of the cyst and the peculiar villous condition of the cell walls, the attending physician, Dr. Noeggerath, for whom I entertain the highest personal respect, pronounced the case, but without a microscopical examination, however, an example of "the alveolar cancer of Cruveilhier." Dr. Thomas coincided in this opinion, while he confesses that he "could not but admit a doubt as to the fact," and further on, while arguing against extirpation in such cases, which, in the absence of further complications, we are all of us accustomed to consider favorable ones for the operation, he states that "even an exploratory incision would not suffice to remove all doubt."

I have said enough, I think, to call the attention of operators, and the profession generally, to the true

point upon which the decision of this question of operating in malignant, and a fortiori in doubtful, cases of ovarian disease must turn. As elsewhere, the patient should have the benefit of the doubt. With the operation, she has a fair chance of recovery; without it, she has none. Theorizers may assume that the possibility of a tumor being cancerous should preclude an operation. The most experienced ovariologists find often their best recoveries in cases the least promising. To avoid the risk of an unsuccessful operation, it is very easy to decline receiving a doubtful case, but it is far more creditable to save a life that would otherwise have been lost, by simply pursuing the same course that would be taken in every other problem of surgery, and that is, where a disease is evidently killing the patient, is practically isolable, and can be removed with less risk than to leave it alone, then to remove it.

In some of these doubtful cases, especially of the so-called colloid character, and with the sac bound to the abdominal peritoneum by such extensive adhesions as to prevent removal, it is good practice to freely incise the cyst wall, and discharge, as far as possible, its contents. This was done in a late case here in San Francisco, by Dr. McNutt, in an operation at which I was present. The history had been such as to lead us to fear cancer, and Dr. McN. very wisely refrained from committing himself to an exact diagnosis, prior to making an exploratory incision. Upon section, which was very carefully made, it was at first supposed that no doubts could be entertained of the case being of a malignant character. Several basinfuls, of an almost fibroid gelatine, were removed, and no cyst wall could be discovered; but neither could intestine or any of the abdominal viscera, and I stated at the time, that I had little doubt that, as has occurred in several of my own cases, an adherent ovarian cyst had been laid open, although extension of

the incision, and careful traction and dissection at its sides, failed at the time to prove the fact, while the patient was thought too feeble to warrant an exploratory incision at another point, somewhat distant from the first. The abdominal wound was left open, as in Dr. Maxwell's case, and the patient survived for some six weeks, finally yielding to septicæmia, and the autopsy showing, as above intimated, and as will be demonstrated to you this evening by Dr. McNutt, that the case had been non-malignant.

Such experiences go far to confirm me in the belief that in doubtful cases of ovarian disease, should an operation be found possible, it should be performed, and that when this cannot be done, a palliative operation, of the kind described, is likely to be far better than none. In the case described, the abdominal tension previous to section had been so excessive that the patient could not long have endured the nervous strain, paracentesis would have been useless, since none of the gelatiniform mass could have escaped, while its removal *en masse* gave instant relief. It was not reproduced subsequently to the operation, which, as a palliative, must be considered to have been a success.

CASE OF PERITONEAL RETRO-UTERINE HÆMATOCELE.

BY GEORGE HOLMES BIXBY, BOSTON.

[*Communicated to the Society, and read April 4, 1871.*]

MRS. R., aged twenty-seven, native of Ireland, was admitted into St. Elizabeth's Hospital April 14th, 1871. She had first menstruated at thirteen, and from four to five days every four weeks up to her marriage, which took

place in her sixteenth year. She had given birth three times, the first, two years after marriage; the second, two years and three weeks subsequent; the third, two years later. She suffered exceedingly during the first four months of her first pregnancy. She thought that she aborted between the second and third child.

She had never used any means to prevent pregnancy. Had never suffered from any severe illnesses, accidents, or misfortunes. Her father died from heart disease.

Immediately after marriage she suffered from metrorrhagia, which continued seventeen weeks. The latter ceased spontaneously, and she subsequently became pregnant. The menses did not appear again until one month after weaning the youngest child. Upon their return, they continued regular as to time, quantity, and quality, for one year, and then became scanty. During the winter, in order to increase the flow, she was in the habit of drinking freely of gin and tansy-tea. The flow increased, and continued without interruption.

During this time the patient, notwithstanding the damp, inclement weather, walked about barefooted while at her work, and in other ways exposed herself to the wet and cold.

April 10th, she consulted Dr. D. of this city for the metrorrhagia. The doctor made a careful examination, considered the flowing due to some internal polypus, or tumor, determined to explore the same, and attempted to do so by means of sponge tents. After the use of one or two sponges, severe inflammatory symptoms set in, the abdomen became tense and sensitive, and obstinate vomiting ensued. From these urgent symptoms, and the unfavorable circumstances of the patient, together with the conclusion that the case was one requiring special treatment, she was sent to the hospital.

By inspection, the following appearances were observed: face flushed with an expression of anxiety; breathing hurried and labored; lips dry; tongue furred and dry; the abdomen swollen to the size of pregnancy at the sixth month; a marked prominence immediately above the pubis.

By palpation, heat, fever, sensitiveness over entire abdomen, especially marked in both ovarian regions; the tumor above the pubis well defined and unyielding; cold extremities.

By a vaginal examination, that canal was found to be shortened and occluded by a regular, salient, firm, but fluctuating mass. The cervix uteri was found with difficulty crowded up behind the pubis, and fixed.

A bi-manual examination showed the tumor above the pubis to be the fundus of the uterus displaced by the mass from behind. By the sound the uterus was found to be anteverted, its cavity measuring two and one-half inches. By the rectum, the finger came immediately in contact with a round, regular, and fluctuating mass, which completely occluded that canal, arising at a point immediately behind the sphincter. The pressure upon the neck of the bladder interfered materially with micturition, causing frequent desire to urinate. She complained of pain in the pelvis, particularly in the direction of the sacrum and bladder, of rectal and vesical tenesmus, faintness, nausea, with frequent attacks of vomiting.

A careful estimate and comparison of the above symptoms led me to consider this a case of peritoneal retro-uterine hæmatocele. Dr. David Terry, of Trenton, N. Y., and Dr. Campbell, of East Boston, an active member of the Gynæcological Society of Boston, being present, examined the case, and coincided with my views of the same. Not feeling quite sure of my diagnosis,

in order to place it beyond the shadow of a doubt, I determined to pass an exploring needle into the tumor, presenting par vaginam. The gentlemen present concurring, this was accordingly done.

A dark, molasses-colored fluid, characteristic of bloody tumors behind the uterus, followed. The diagnosis having been settled, but for the history of the case, the urgent symptoms induced by the dilatation of the uterus, and subsequent constitutional disturbances, I should have been inclined to leave the tumor to what is most frequently the case in hæmatocele, namely, to absorption. Under the circumstances, however, the indications being to relieve my patient as soon as possible, the opening made by the needle was now enlarged by a medium-sized trocar. The fluid continued to flow through the latter, until more than a pint had escaped. At this juncture the canula unfortunately fell out. As the size of the tumor had been materially diminished, and the most urgent symptoms relieved with so small an opening, I had hoped immediate closure would take place, in which case I should certainly trust the rest to the natural power of absorption. Such, however, was not the case, the opening made by the trocar remained patent, and at least an equal quantity of fluid escaped upon the bedding during the first night. Upon making a digital examination, the vagina was found to be less occluded, the cervix uteri in very nearly its normal position. By the rectum the finger met with much less resistance beyond the sphincter.

The prominent point over the pubis had entirely disappeared. There was less tympany and less tenderness over the entire abdomen. Urine had passed more freely. The fever had subsided and there was less pain in the pelvis. The nausea and vomiting persisted, but in a less degree. Dr. Warner saw the patient on the

evening of the second day, ordered mustard plaster to the epigastrium, and powders of bismuth every hour. On the morning of the third day, the nausea had ceased entirely, the patient felt better, could take light nourishment, and there was an improvement in all the symptoms. The opening in the vagina remained free, from which there was a tolerably profuse discharge of sanious fluid. I ordered vaginal injections of carbolic acid and water, ʒi to the pint, morning and evening.

Fourth day. The wound continued to discharge, but with a decided change as to the quality of the secretion; from a simple sanious nature, it now had taken on an ichorous and offensive character, and did not flow as freely as before.

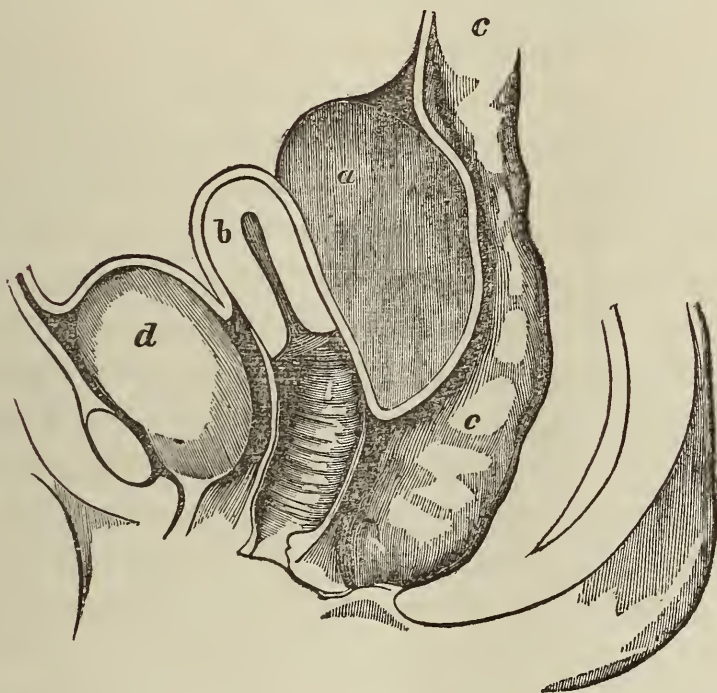
Fifth day. There was a marked change in the patient's condition. She was restless, complained of heat, and pain, and general anxiety. Upon examining the wound in Douglass' fossa, and passing into it with great care a Simpson sound slightly bent, I found an obstruction in the course of the canal, near its opening into the cyst, which by gentle manipulation was overcome. A jet of flocculent, ichorous matter, with gas, at once followed, with immediate relief to the patient.

Sixth day. The patient exhibited symptoms of relief from the day before, and I repeated the operation with the sound, then introduced a double catheter into the cavity, and by means of a fountain syringe attached washed it out thoroughly with a strong solution of carbolic acid and tepid water. Feeling assured that the narrowness of the opening was the cause of the obstruction, in order to maintain a free discharge, and to afford a better opportunity for washing out the cavity, and thus lessen the chances of septicæmia, I determined to enlarge the same. This I accomplished by means of Charriere's urethrotome. I used that instrument, because it was at

hand, and answered all the purposes of a uterotomy, or a bistouri. It was employed in the following manner: with the left fore-finger guarding the vaginal entrance of the canal, the instrument, with concealed blade, was slowly introduced along the track, with the blade towards the rectum, until it reached its upper extremity; the left finger guarding its movement, with the right, the blade was adjusted, and the instrument slowly but firmly withdrawn, great care having been taken, when approaching the vaginal entrance, not to wound the vaginal mucous membrane. The operation was attended with but little hemorrhage, and resulted in establishing a free drain to the offensive secretions.

This accomplished, I hoped now for an early termination of the case; but I was mistaken. The ichorous matter continued to flow profusely, and in order to combat symptoms of septicæmia, which seemed to recur if the injections were for once neglected, I was obliged therefore to inject the cavity of the cyst twice per day for six days. The offensiveness of this discharge exceeded anything I had ever seen under any circumstances. The constant inhalation for a week of the noxious gases which it emitted, induced in my own person symptoms of blood-poison at one time quite alarming. At the end of ten days the ichorous matter became purulent, with a tolerably healthy appearance. The vaginal injections were kept up twice per day, and those into the cyst abandoned. The patient's symptoms improved wonderfully; the discharge became less and less, appetite improved, and, after nearly a month in hospital, the patient felt herself so much better that she was determined to go home to her family of little children, who were very much in need of her care. Knowing to what influences she

would be exposed at home, I desired her to remain longer in hospital, but I finally yielded to her repeated demands, and she was permitted to go home. I examined her carefully before her departure. The uterus was in its normal position, slightly anteverted, perfectly movable, not painful to the touch. The track of the instrument had closed completely, leaving a slight cicatrix. There was nothing to be found in Douglass' fossa, or by an examination by the rectum. In a word, the entire mass, which could have contained not less than three pints of fluid, had been broken down, absorbed or discharged, leaving the parts to all intents



and purposes sound. Since the patient left the hospital we have seen her but once, nearly a month after her departure; the menses had not reappeared; coitus did not occasion pain.

We have given above a figure, copied from Dr.

Thomas's admirable work,* representing the condition of parts in an ordinary case of peritoneal retro-uterine hæmatocele. It will be noticed, by comparing the description which we have endeavored faithfully to portray, that in our case the tumor was much larger, consequently the uterus was pushed much higher up, the bladder, probably from pressure of the tumor, never distended to a quarter the size of its capacity, and in the direction of the rectum and vagina, the tumor reached much lower, occluding more completely both of those canals.

(To be continued.)

RETROVERSION OF THE UTERUS.

BY EPHRAIM CUTTER, WOBURN.

[Communicated to the Society, Nov. 15, 1870.]

RETROVERSION of the uterus is that condition of the womb in which it is bodily displaced backwards while the long axis is not bent. The amount of backward obliquity varies from a displacement of a few degrees from the natural position to almost one hundred and eighty degrees. Taking an instance where the variation is about one hundred and thirty-five degrees (a common case), we find the fundus pointing towards the concavity of the sacrum, and the os is directed forward towards the pelvis. When the fore-finger is passed into it, it finds the vagina shortened in its long axis, and lengthened in its transverse diameter, and it

* Thomas, Diseases of Women, 2d. ed., p. 404, fig. 158.

comes in contact with the posterior surface of the womb; vide fig. I.

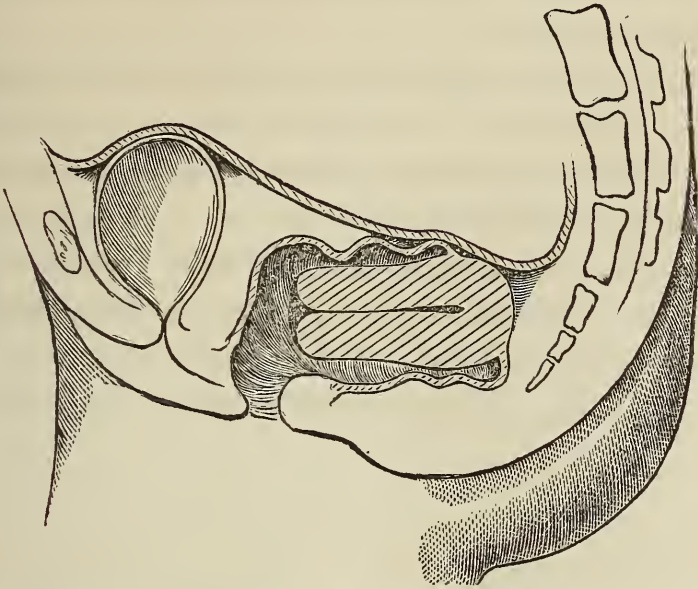


Fig. I. —Retroversion of the Womb; Vagina distorted; Cul-de-sac very high up.

The posterior cul-de-sac is not well defined, the posterior vaginal wall being reflected back and lying in contact with the womb. In one case the vagina seemed to have been, as it were, peeled from the uterus and drawn upwards, so that the posterior cul-de-sac was found at the fundus. To be able to introduce the uterine sound for diagnosis, the os must be drawn downwards by the fingers, the concavity of the sound turned backwards, while the handle protrudes forward between the thighs. Generally, the cavity is found to measure more than two and a half inches, and the uterus is congested and hardened. The exploration then reveals,

- (1.) A vagina shortened in its long normal axis.
- (2.) A vagina lengthened in its short normal axis, thus reversing the natural order.
- (3.) Posterior uterine wall forming the dome of the vagina.
- (4.) Fundus felt towards sacrum, os toward pubis.

(5.) Sound passing in with concavity backwards, handle in front.

(6.) A settling down of the whole womb into the pelvic cavity bodily.

In order to understand the principles of the proposed treatment, attention is solicited to a very brief enumeration of the important features which obtain when the uterus is in situ naturali.

Figure II., represents the normal position of the womb. The vagina, a muscular, membranous tube, open at the lower end, curved antero posteriorly, its long axis running upward and forward, and the antero-

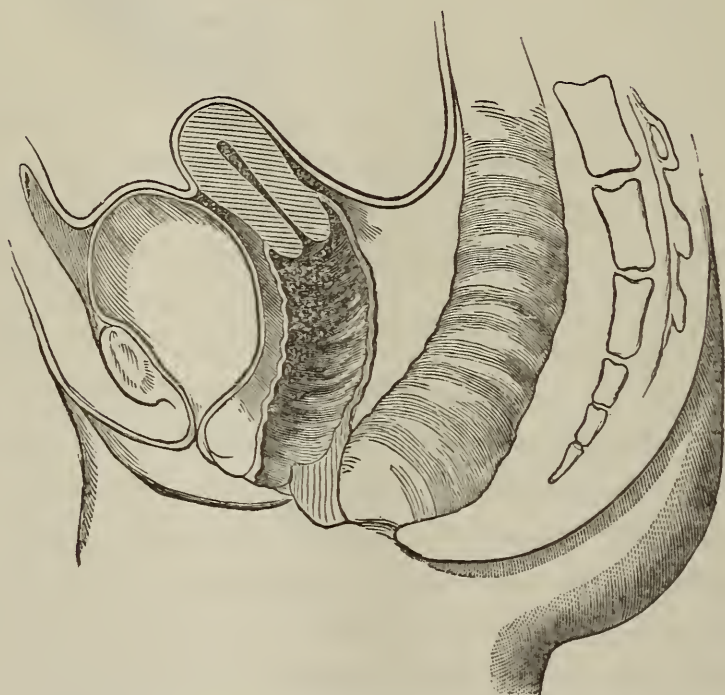


Fig. II. — Normal Uterus in situ naturali. Section median line.

posterior wall nearly in contact. At the upper part lies the uterus, inclined somewhat forward, and projecting into the vagina, which unites with the outer walls of the uterus, generally at the origin of the neck, in such a manner as that there is a pocket cul-de-sac or

sulcus all around the womb. Owing to the flattened condition of the womb antero-posteriorly, the cul-de-sac is divided into anterior and posterior, for practical purposes. Sometimes there is no cul-de-sac, the uterus just projecting in the vagina, but not enough to form a recess.

The broad and round ligaments of the womb are important features of support. It would seem that of themselves they should be sufficient to maintain the uterus in place. In front are the intestines, bladder, pubis, and investments. Behind are intestines, sacrum, and coverings. The uterus sits on an elastic support, the vagina, stayed and guyed by the broad and round ligaments and bolstered by intestines. As long as the vagina (and this is the old doctrine) maintains its normal character, it is almost impossible for a displacement of the normal-sized uterus to occur. The tonicity of the transverse fibres causes the natural axes and curves to be preserved, and holds up the womb.

The etiology of retroversion does not belong to this paper. A large variety of causes have been enumerated, any or all of which may have operated. It is sufficient to remark that they must have acted on mechanical principles, either by overwhelming or weakening the supports, so that when the organ is subjected to the motions which physiologically or accidentally occur, it gives way. There must result a relaxed and shortened and distended vagina, and a relaxation of the uterine ligaments.

It is quite evident that, ordinarily, we can directly do little for the restoration of the relaxed ligaments by mechanical means, as we cannot get at them. We are then confined to efforts which will maintain the normality of the vagina, sustain the uterus in place, and thereby relieve the mal-condition of the ligaments. It

is legitimate to suppose that, having thus put nature in a way to help herself, absorption and tonicity will return in time to the stretched ligaments; as in the case of fractured limbs, the surgeon only puts the injured parts into the best possible condition for the healing processes. A case of retroversion being clearly made out, and not confounded with pregnancy, or any disease, the *principles of treatment* may be laid down as follows:—

First. To restore the uterus and vagina to their normal place by the uterine sound.

Second. To maintain them there by means — mechanically adapted to the parts — which allow of the normal contraction of the transverse vaginal fibres, and which permit a natural degree of uterine mobility.

Third. To have unirritating material.

Fourth. To be manageable by the patient.

Fifth. To pay attention to the general health.

In the instrument to be described, the writer has endeavored to carry out these principles. If he has not entirely succeeded, it is hoped that a clue is given for others to follow out to perfection.

Two forms of retroversion pessary are submitted, the *loop* and the *T*.

The loop pessary. — This includes a belt of inelastic webbing three feet long, one and a quarter inches wide, to go square around the waist, and a suspensory cord of rubber tubing, ten inches long, and one quarter inch in diameter, attached to the middle of the belt by a loop and cord. This tubing is to run through the natal furrow (between the buttocks), and is also attached to the perineal extremity of the pessary. It ensures an elastic support, and the furrow prevents lateral motion.

The pessary is a cylinder of hard rubber, one quarter inch in diameter, curved into a hook about one and

a quarter inches in diameter, to go around, and clear entirely the perineum. It curves backward and then

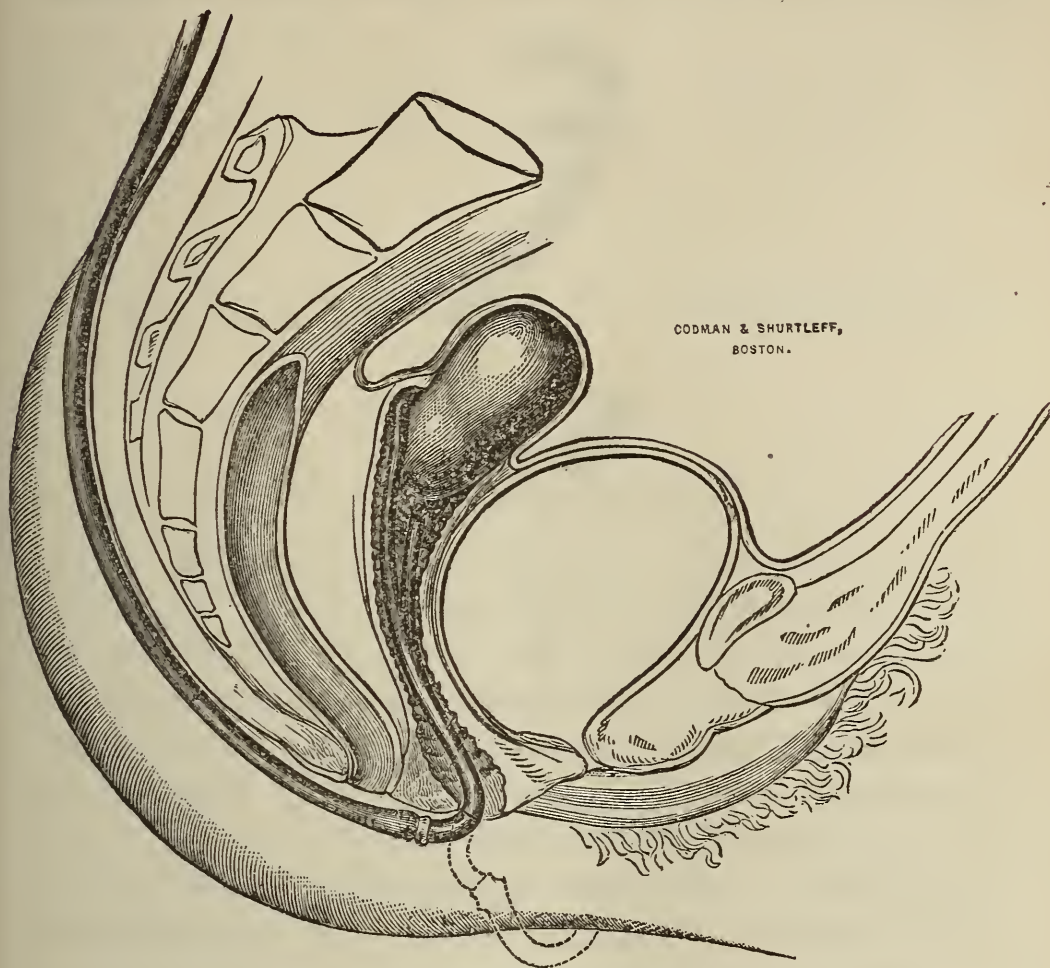


Fig. III.—The loop retroversion pessary in situ.

divides into two branches, which curve forward, — to correspond with the vaginal curve, — and terminates by uniting with a loop, which is bent backward, and should be large enough to fit into the post utero-vaginal cul-de-sac and allow the cervix to project into the aperture made by the loop. In the middle of the hook there is a joint, so that it may be turned out of the way during defecation, and allow of a support at this time, when the bearing-down efforts have a direct tendency to cause retroversion again.

The T Pessary, Fig. IV.— This is like the loop pessary, except in the vaginal portion. Instead of dividing into two branches, the single cylinder is contin-



Fig. IV.— The T. pessary.

ued upwards, with an antero-posterior curve, till it reaches the post-vaginal cul-de-sac; here it is terminated by a bar, like that of the letter T. This bar is of the same diameter as the stem, three quarters of an inch long, and curved forward so that its concavity fits the convexity of the uterine wall, being intended to give an accurate fit to the cul-de-sac.

Application. — The patient should be placed on the left side, lying upon a table or bed. In extraordinary cases the chest and knees position may be adopted. The uterus is reinstated by the uterine sound, and held there. Sometimes, when the obliquity is small, this may be omitted. Formerly, I was in the habit of roughly measuring the distance from the perineum to the cul-de-sac, by the finger, and then selecting a pessary as near as possible; or, taking a number of pessaries, keep trying till a fit. However, the finger having no graduation marks, besides being jointed, and often too short, was found unreliable, and I was led to institute a process, which I have denominated vaginometry, and by which accurate measurements may be obtained of the anterior

and posterior walls of the vagina, and also of the diameter of the uterus at the point of projection into the vagina.

The instruments are two in number, the vaginal sound, and the vaginometer. The vaginal sound, fig. V., consists of a stout copper wire, eight inches in

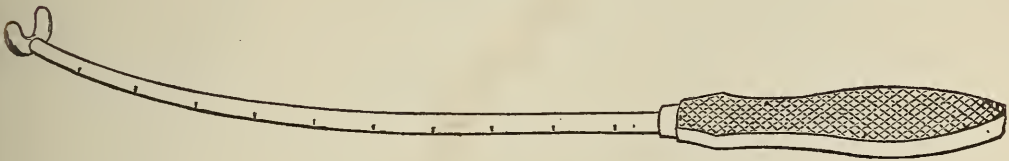


Fig. V.—The Vaginal Sound.

length, graduated to half inches, and bent to correspond with the vaginal curve. At the distal end is a handle serrated on front. At the proximal end another piece of like wire, three-fourths inch in length, and curved to an arc of a circle three quarters inch radius. The method of employment is, having the uterus held in situ by the uterine sound, to pass the left fore-finger up to the os, then placing concavity of bar on convexity of finger, slide the vaginal sound up into the cul-de-sac. The point of emergence from the vagina is noted by the right fore-finger. The sound is withdrawn as it was introduced, and an accurate measurement is obtained.

The Vaginometer, Fig. VI.—Is a combination of two vaginal sounds, handled and jointed together at the proximal ends. At the distal ends the concavities of the bars look toward each other. Near the joint is a graduated scale, which gives the distances between the bars. The mode of application is,—preparation as before described in the use of the vaginal sound,—to close the bars over the uterine sound, and press up into the vagina, so that the forward bar rests in the anterior cul-de-sac, and the backward bar in the poste-

rior. The graduated scale will give the size of the uterus, and both anterior and posterior vaginal walls are measured at once.

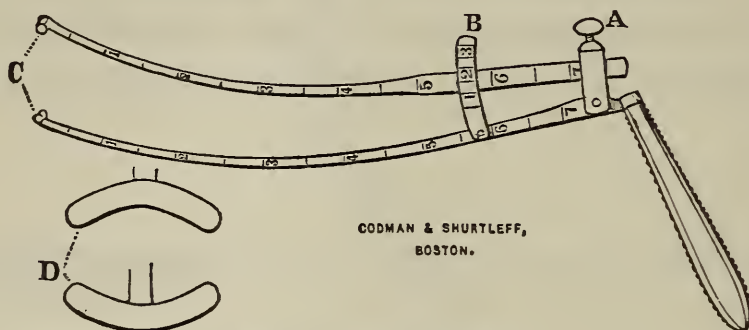


Fig. VI.—The Vaginometer.

Having determined the length of the post-vaginal wall, and ascertained the size of the womb, we select a pessary one half inch longer than the measurement, and with a loop large enough to admit the uterine neck, whose size we know. If the pessaries on hand do not correspond, one should be specially ordered of Codman & Shurtleff, who make any desired size, at the ordinary rates. The loop pessary is then introduced behind the uterine sound, pushed over the sacrum up into place. The sound is withdrawn from the womb, and the uterus is held in place; the vagina is extended to its normal length, the transverse fibres and the ligaments are allowed an opportunity to contract, the bends and curves of the pessary accurately fitting those of the vagina and cul-de-sac. The perineal hook should surround the perineum without touching. If air does not circulate between it and the perineum, a larger one should be employed. An approximative measurement with the thumb and finger has sufficed with me, though it is capable of accurate measurement by an instrument.

A hold being kept on the suspensory cord, it is passed up between the buttocks, and not relaxed until

the belt is fastened square round the waist. The tubing should be tightened only enough to be comfortable. If slack, it should be tightened. Patients should be instructed to loosen the belt about two inches before defecation, then to turn the hook forward and hold until the function is performed.

For the T pessary the mode of introduction and management is the same, except that it can be introduced without the uterine sound. One arm of the bar is placed in the vagina inside the perineum; then pushing in and twisting, the other arm is turned in and the bar slid along the posterior wall into place.

This pessary is purely my own. Of the loop-pessary, the vaginal portion was adopted from a London supporter, invented for the treatment of rectocele. The backward bend of the loop, the perineal curve, the joint, the single posterior elastic suspension running through the natal furrow, are features added by the writer. In some cases I have found that the loop sometimes slips about sideways in large, uncontractile vaginæ, causing displacement and discomfort. To avoid this, I devised the T pessary. It fits more accurately into the cul-de-sac. It is flat and broad on the top, and a sidewise force has the narrowest possible space to operate on, and, hence, it cannot tip readily. The narrow cylindrical stem is also reduced, so that the lateral distention is reduced to the minimum. It seems to the writer, after patient criticism, that the T pessary is correct in its principles and construction. However, practically I have found some patients bearing the loop with comfort, who disliked the feeling of the T, and vice versa.

At times the vagina, relieved from its contracted position, will relax and become elongated more than at first. Here mensuration will indicate the required size.

A principle of the treatment is to have unirritating material, of which the pessaries are formed. The hard rubber, according to experience of disinterested parties, has been found to be almost unexceptionable. Its use in contact with mucous membranes is more extensive than any other material, as witnessed in dentistry. Its cheapness, lightness, strength, exquisite polish and plasticity, under moderate heat, are unexampled combinations of excellences. Indeed, I personally can ask for nothing better.

Another principle is to have the treatment manageable to some extent by the patient.

When the uterus is properly reinstated, and the pessary is rightly fitted and well applied, there is almost always an expression of relief from the patient. When there is not, something is wrong either with the vagina or instrument.

In all cases she is instructed to withdraw the instrument, if there is trouble and inconvenience. Thus any mischief may be prevented.

The physician, on his next visit, should carefully go over diagnosis and measurements, and, if assured that his data are correct, he should replace, and instruct the patient to withdraw the pessary when it becomes troublesome, and introduce it herself again when the irritation has subsided, withdraw when it arises, introduce again, and so on.

The instructions may be as follows: —

Introduce the loop, concavity towards left thigh. When it has engaged within the vagina, turn concavity forwards. Bring the hook close as possible to the pubis, and, keeping it so, press backwards till the pessary disappears. The liability to error is in getting it in front of the womb. By this co-operation on the part of the patient, I have succeeded in cases which it would

have been impossible to treat, and, in others, have avoided trouble. It is also a good process for replacement, after cleansing the instrument.

The India-rubber tubing, after a time, becomes decomposed, stretched, and inelastic by contact with the tissues. This needs watching by the patient. The hook should always be kept half an inch from the perineum.

I have found it also best, generally, not to burden the patient with too many directions at once, but to impart them by degrees, as the case progresses. Learn one thing at a time.

The process during defecation should be carefully explained.

I have found suppositories of iodoform, grs. ij to grs. x cocoa butter, useful to allay vaginal irritation before or after the use of the pessary.

General Health. — This local treatment does not relieve the physician from making a special study in relation to the general health, which is to be kept up. This should be conducted on those principles which his judgment relies upon. No medicine should be given without reason. Indeed, it is safe to trust to the dictates of common sense, enlightened by study and experience.

To recapitulate, the features of these pessaries are: —

(1.) A posterior suspension from a point of support over the most stable part of the body, namely, over the sacrum.

(2.) A single elastic suspension, so that the deviation can only be downwards, — the desirable way.

(3.) A perfect fit around the perineum, through the vagina, and into the post-utero vaginal cul-de-sac, maintaining the normality of the long vaginal axis, and allowing and inciting that of the transverse fibres.

(4.) A contrivance to hold the uterus in situ during defecation.

(5.) Within the patient's control.

Why use an external support? — It is clear that an intra-vaginal pessary, extending the vagina in its long axis, must have some point of support from within. Its base must rest on the tissues near the vaginal outlet. There must necessarily be a lateral distention of the vagina. But this lateral distention is a prominent pathological element in the complaint. To cure, we must avoid it. Again, both the pubis or the perineum are out of the line of the central axis, where we want the base of support. I may be mistaken, but it appears impossible to have an extension of the vagina longitudinally, and a non-distention of the transverse diameter, without an external support.

Why a single support? Because there is less chance for displacement. If there were two points of support, one in front and the other behind, there would also be a want of correspondence, during the body movements, between the motion of the abdomen and that of the sacrum. It would be troublesome to adjust the bearings equally, while the single support is very readily adjustable, having nothing but a single element to arrange.

Why posterior? The sacral region behind is the broadest, smoothest, firmest, and most stable point in the external surface of the body. This sacrum is the key-stone of the arch which holds up the vertebral column, which is the basis of the whole trunk. Compared with the abdomen as a point of support, it is preferable, because the abdomen is subject to a constant motion in respiration, and to a varying size, because of distention from flatulence, food, fat, and foreign bodies. The urinary bladder lies underneath this, varies in size

at all times, and often is sensitive to pressure. These conditions do not affect the sacral surface of the pelvis. The pessary surrounds the sacrum in front and behind. The sacrum moves the whole pelvis, and the pessary moves with it, and thus there is no relative displacement. It affords a firm, naturally non-sensitive point of support. Another reason is to interfere as little as possible with the excretory discharges. The function of defecation is generally very much less frequent than that of micturition. The posterior support does not interfere with micturition at all, and, during defecation, the arrangement is such as to remove the perineal hook out of the way, and also afford a sure means of support during the bearing-down efforts of expulsion, which, of all agencies, make a retroversion worse, besides hindering the passage of the fæces.

Why an elastic support? — There is a certain amount of natural uterine mobility during coughing, lifting, and even breathing. A careful observation during a speculum examination will show a play of the uterus corresponding with the movements of the diaphragm. The natural, spring-like elasticity of the parts in which the uterus is suspended bring it back to place. In order to imitate this natural elasticity in the artificial support, the India-rubber tubing was selected as approaching more closely than any other non-vital substance the tone and rebound of the tissues. It is also unirritating to the natal furrow. It allows of a play within certain healthy limits.

The liability to displacement of the retroverted womb after adjustment may be estimated as follows: —

Downward. The suspensory cord obviates this.

Upward. The perineal hook prevents this.

Forward. This can only occur when the pessary is

too long or too short,—a difficulty obviated by the vaginometer.

Backward. Prevented by pessary and sacrum.

Laterally. Prevented by the loop around the cervix. Indeed, when the uterus and vagina are in the normal site, the traction of the utero-vaginal attachments of themselves strongly tend to keep the womb in place. The artificial support is antagonized by these attachments. To make it more clear, pardon a plain illustration. If a model uterus were made large enough to fit into a coat-sleeve, and attached to it, imitating the vaginal attachment, should the model be held or pushed outward until the sleeve became tense, it is evident that the resistance of the sleeve would erect the model into its natural site; just so with the womb.

Thomas (Diseases of Women) 2d edition, 1869, Philadelphia, Pa., H. C. Lea, p. 328, says of this pessary: "It is a painless and efficient method of giving support, and will gain a high reputation, on account of these qualities, not only in displacement backwards, but with a little alteration, for those of an anterior direction."

EDITORIAL NOTES.

SITTING BY THE GOLDEN GATE, we have been watching, with ever deepening interest, the ceaseless passage of the nations. May, June, and now July have gone, yet, chained, we linger still. This strange blending of the seasons, with its unimagined wealth of flowers; wheatfields, sun-burned as by fire, yet as rich in color as

their underlying gold; bright vineyards and orchards so laden that they seem to woo the gatherer's hand; magical and constantly shifting scenery; infant cities already possessing the growth, adornings, and refinement of centuries; thrifty institutions of learning and charity; a public spirit unknown to the East, and private enterprise the most astonishing,—these alone might make for the most casual observer a profitable summer.

There are matters, however, on the Pacific coast, of much greater interest to the medical profession. To these we have been giving attention, and from time to time we shall speak of them to our readers. The influence exerted upon general types of disease by miasmata, which, in their peculiar modifications here, have been so carefully studied by Dr. Short, of San Francisco;* the alleged undue preponderance in California of the affections peculiar to women; the increased virulency of specific disease during its transmission from Chinese to Caucasian; the several advantages of the varied local climates here for invalids, and the respective claims of the many thermal and mineral springs; the peculiar viability in this dry atmosphere of surgical patients under capital operations, and the most terrible injuries,—these are all of them questions of very great interest. In addition, the cosmopolitan character of the Pacific profession has furnished us with a most fascinating study of personal equations and general average. In marked contrast with what obtains on the Eastern side of the continent, the condition here has its admirable and its obverse side, there being a wholesome lack of provinciality, but withal, and to a very great extent, an absence of professional esprit de corps. The recent convention of the American Medical Association went

* California Medical Gazette, July, 1868, p. 5.

far towards exerting the centralizing force hitherto as needed as it was unknown. We will, therefore, speak briefly of what was actually done by the Association, correcting at the same time certain erroneous impressions that have been given by superficial or partisan correspondents.

The Eastern representation at the Convention was much greater than had been predicted by those who are in the habit of thinking that in their own absence nothing of worth can ever be accomplished, and a large local attendance from the several districts of California was ensured through the contemporaneous annual meeting of the State Medical Society, for whose more effective reorganization the occasion was thus successfully availed of. Even on the Atlantic slope the Convention would have been pronounced an average one, both in numbers and respectability.

Much stress has been laid upon the lack of enthusiasm evinced by some of the soi-disant most respectable physicians of San Francisco. This, however, was owing wholly to jealousies among themselves, the existence of which was well known in the East previous to the meeting, and, as under somewhat similar circumstances once in New England, it proved that the National Association contained within itself sufficient material of the proper kind to be able to do without assistance grudgingly bestowed. Since the Convention adjourned, it has become evident enough that their standing aloof acted most disastrously upon the malcontents themselves.

A great ado has been made about a somewhat prolonged discussion that occurred upon the recognition, whether directly or indirectly, of female practitioners of medicine. From the outset it was evident that the Association intended to adhere, as it did adhere, to its

previous judicious policy. Desperate attempts were made by gentlemen under the ban of their local societies to obtain a new departure, conscious as they were of what awaits them next year at Philadelphia; but these efforts failed.

To the action of the Association concerning the Massachusetts Medical Society, we have adverted in a previous number of the Journal.* As we had foretold, the Society was restored to its privilege of representation, and its Councillors brought to well merited confusion.

Attempts have been made to throw discredit upon the choice of the Association for its next presiding officer. The election was, however, fairly conducted, though with more previous canvassing than seemed dignified or necessary. The California delegates could not unite upon a candidate with sufficient unanimity, else Dr. Gibbons, of San Francisco, or Dr. Logan, of Sacramento, would certainly have been elected. Either of these gentlemen would have represented the profession of this coast with dignity, and with credit to his constituents. With regard to the latter of them, we regret to have learned that measures were taken to defeat his election, the employment of which would have disgraced the lowest pot-house politician. As it is, the successful candidate, our old friend and fellow Vice-President of the Association, Dr. Yandell, of Kentucky, deserves, and should receive, the congratulation and support of the whole profession throughout the country.

THE members of the Society, and friends of gynæcology everywhere, will recognize with delight, in the

* This Journal, July, 1871, p. 48.

foregoing editorial, the accustomed vigor and clearness of its author.

Those of us who have known him more intimately, have enjoyed the honor and benefit of his instruction, and have witnessed for years his close and systematic application, can fully appreciate his need of an absolute mental and physical rest. Therefore we rejoice that, "sitting by the golden gate," in a land where we find the "strange blending of the seasons, with its unimagined wealth of flowers; wheat-fields, sun-burned as by fire, yet as rich in color as their underlying gold; bright vineyards, and orchards so laden that they seem to woo the gatherer's hand; magical and constantly shifting scenery," — he has been able to find that much-needed rest.

The return of our associate will be welcomed by the members of the Society, the readers of the Journal, and by one who has held with trembling hands the editor's portfolio during his absence.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

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PROCEEDINGS OF THE SOCIETY.

[Reported by Horatio R. Storer, Secretary.]

FIFTY-FOURTH REGULAR MEETING, MARCH 21.

THE fifty-fourth regular meeting of the Society was held on the evening of March 21, 1871, at Hotel Pelham, the President in the Chair. Present, Drs. Lewis, Bixby, Dutton, Weston, Cutter, Warner, Dow, Wheeler, Field, Blake, Martin, and H. R. Storer; and, by invitation, Drs. W. S. Brown, of Stoneham, and R. B. Granger, of Boston.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. E. Sequin, of New York, acknowledging his election as Corresponding Member.

The following donations to the Library were announced: from Dr. Horace Dobell, of London, the Second Volume of his Reports on the Progress of

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Practical and Scientific Medicine, in Different Parts of the World; from Dr. R. W. Taylor, of New York, his Monograph on Dactylitis Syphilitica; from Dr. Reuben A. Vance, of the same city, his paper upon the Ophthalmoscope in the treatment of Epilepsy; from Dr. E. Sequin, also of New York, his paper upon a Surface Thermometer, and from Dr. Nathan Bozeman, also of New York, his memoir on Urethrocele Catarrh and Ulceration of the Bladder in Females.

Dr. Geo. P. Greeley, of Boston, was unanimously elected an Active Member of the Society.

The Secretary read a communication from Prof. S. D. Gross, of Philadelphia, in reference to the

TREATMENT OF CHRONIC INVERSION OF THE UTERUS.

In the third edition of my "System of Surgery," issued in 1864, p. 840, occurs the following passage: —

"In reflecting upon the nature of this affection — inversion of the uterus — it has occurred to me that the reduction, especially in cases of long standing, might be greatly expedited by a slight vertical incision on each side of the neck of the tumor, where the chief cause of the difficulty is situated, the principle being the same as in the operation for paraphimosis.' This paragraph was lost in my big book, and as obstetric practitioners seldom, if ever, consult surgical treatises for matters pertaining to their peculiar vocation, I took the liberty, a few years after the edition in question was issued, to address a note upon the subject to Dr. Emmet, of New York, supposing it might interest him. As no reply, however, has ever reached me, I take it for granted that it did not interest him, or, what is more probable, that my note failed to find him. My good old friend, and former colleague, the excellent and distin-

guished Professor Henry Miller, of Louisville, and Professor Gaillard Thomas, of New York, have not, in their valuable articles on the treatment of inversion of the uterus, alluded to my suggestion.

"My attention has lately been recalled to the subject, by having seen in the 'British and Foreign Medico-Chirurgical Review' a statement by Dr. Barnes, of London, that he had succeeded in one instance, recently under his charge, in effecting reduction by the expedient in question. He makes no reference, however, to my writings, and it is, therefore, altogether probable, that the suggestion occurred to him independently of any knowledge of the paragraph above transcribed.

"If this matter is of any interest to you, it will afford me pleasure if you will give it an insertion in your excellent Journal. It has always appeared to me, that such an expedient could not fail to be of great service in effecting the reduction of an inverted uterus, and it has been a source of surprise to me, that the idea had not occurred long ago to obstetric practitioners."

Dr. Storer remarked that Dr. Gross's communication was possessed of a twofold interest to gynæcologists. It was not only valuable intrinsically, with reference to the history of the operative procedures which have from time to time been suggested for the relief of chronic inversion, but above and beyond all this, it showed the respect which gynæcology as a science is beginning to exact for itself from professed surgeons. It had been a matter of comment, that surgeons, almost without exception, ignored gynæcologists, and, indeed, the diseases of women themselves, in their text-books. It was a matter of congratulation that one of the most distinguished of them was now endeavoring to make the amende honorable to gynæcologists, by seeking it for himself.

The Secretary read a letter from Dr. John Scott, of

San Francisco, thanking the Society for the support it had given him in reference to the late libel suit that had been brought against him for alleged surgical malpractice. This suit, he stated, had failed through want of appearance on the part of the prosecutor, but another one had been instituted against himself and the editors of the "Pacific Medical and Surgical Journal," the damages being laid at fifty thousand dollars, for the publication of the facts in the case in the journal referred to.

The Secretary presented a communication from Dr. H. Gerould, of Massillon, Ohio, a Corresponding Member, upon

UTERINE NEURALGIA, AS OCCASIONED BY MALARIA
OR ANTEFLEXION, OR THEIR CONCURRENCE.

[Dr. Gerould's communication was published in the Journal of the Society for July, 1871.]

Dr. Blake stated that it was his impression, from Dr. Gerould's report, that a more decided resort to local treatment would have been of benefit in his case.

Dr. Storer was of a similar opinion. Dr. Gerould's familiarity with uterine disease was such, however, that it was probable that he had good reason for depending so much, as he seemed to have done, on constitutional treatment. It would be recollected that Dr. G. had contributed papers upon the influence of malaria in producing leucorrhœa and metrorrhagia, at former meetings of the Society. He, Dr. S., had found extreme neuralgia, of a reflex character, very common in cases of double anteflexion, where the fundus is thrown forward upon the bladder, and the cervix drawn upward towards the arch of the pubis. In the sigmoid flexion, however, where, with the fundus as described, the cervix was drawn upwards in the opposite direction,

namely, towards the promontory of the sacrum, the neuralgia seemed always to be absent. The affection referred to was a very rare one, he having seen but three cases of it.

Dr. Warner thought that the difference pointed out by Dr. Storer with regard to the frequency of reflex neuralgia in the two classes of cases referred to, might be owing to the difference of source of nervous distribution to the different portions of the uterus; the fundus being chiefly supplied from the sympathetic ganglia, and the cervix from the spinal chord. As to the results of treatment in Dr. Gerould's case, it was his opinion that the doses of quinine, administered as they had been, "according to Dr. Gross's method," had, probably, been too small.

Dr. Wheeler inquired whether reflex neuralgia in uterine cases was not generally periodic, even where malaria was not present.

Dr. Bixby would ask what should really be considered the results of malaria, — a general toxæmia, or some effect upon a special organ, as the liver, or spleen. He thought the latter.

Dr. Dutton inquired whether, in Dr. Gerould's case, if dependent at all upon malarial poison, the intervals between the paroxysms ought to have been so long as they were reported. Thirty days was the length of the time, and this not coincident with that of the menstrual interval.

Dr. Martin did not think that this was extraordinary. We were accustomed in the East, seeing only imported cases, to look for the return of malarial symptoms daily, or every other day, whereas, in malarial countries, the intervals are often longer, even more than thirty days. As to the connection of malaria with neuralgia, this was only one of a number of similar causes analogous

to syphilis and other blood poisons, and to loss of blood. The remedial effect of arsenic and quinine in neuralgia unassociated with malaria was familiar to all.

Dr. Warner stated that Dr. Gerould had asked for advice in the case, but it seemed a very difficult one to suggest concerning.

Dr. Martin agreed with Drs. Blake and Storer, that local treatment had not been sufficiently resorted to. The malaria had been treated unsuccessfully; the local disease should now be taken in hand.

Dr. Blake desired to know if Western physicians did not instinctively look for the influence of malaria in every case of disease.

Dr. Warner replied that by so doing they frequently cured first these cases of extreme neuralgia.

Dr. Martin repeated what he had said at a former meeting, that nearly every disease in the West consisted of that disease, plus malaria. Western treatment was too often reviled by Eastern men, who practically knew nothing whatever of the conditions referred to. This was very evident in the unsuccessful results of Eastern practice at the West during the war. Gentlemen carried their faulty Eastern teachings with them, and soon found out their mistake. Dr. M. was of the opinion, however, that mercurials were somewhat too freely given at the West.

Dr. Dutton said that his own personal experience at the West, during the war, had been as described by Dr. Martin. He had been compelled radically to change his own methods of treatment.

Dr. Blake would suggest, in Dr. Gerould's case, that it might be well to straighten the flexed uterus, by the prolonged use of carbolized tents, and then to treat the uterine cavity, thus remedying both the faulty position and the pathological condition.

Dr. Martin asked of Dr. Storer, how much use he had found from Emmet's operation for double anteversion; did it cure the neuralgia?

Dr. Storer replied that it not infrequently both relieved dysmenorrhœal pain and permitted impregnation. It was his impression, however, that surgeons did not "slit the cervix" so often as a few years since. He himself now but seldom found it necessary to resort to the operation, obtaining as he did an equal amount of benefit by other methods.

Dr. Blake reported a case of this kind where he had obtained an excellent result from the use of laminaria tents and Simpson's intra-uterine stem pessary. Pregnancy ensued, and the patient was now six months advanced. He considered this result a veritable triumph, as one prominent gentleman in this city had asserted that, "where ovarian pains accompany a flexion, the case is incurable, and the woman marked out by God Almighty as barren."

Dr. Lewis, the President, commended Dr. Blake's enthusiasm.

Dr. Martin inquired whether cases of reflex neuralgia, like that reported by Dr. Gerould, were ever cured by chloroform, chloral, etc.; was it not always necessary to employ arsenic or quinine?

Dr. Warner thought that, in addition even to these, there should be appropriate local treatment.

Dr. Wheeler reported a case illustrative of

THE IMPORTANCE OF EXPLORATORY SECTIONS FOR ABDOMINAL DIAGNOSIS.

He had been charged with the after-treatment of this case, and it had been unusually interesting, from the diagnostic difficulties attending it and the measures

employed to resolve them, as well as to remove the disease.

A young girl, of less than seventeen, first consulted Dr. Storer some three months since. From her infancy, almost, she had been very delicate, and for many years her mother had suspected that an abdominal tumor was slowly developing. Of late she had attained a large size, so great, indeed, that a female physician, who had been consulted, had pronounced the case one of advanced pregnancy. Deciding, however, that this was not the case, Dr. Storer's diagnosis was yet an extremely guarded one.

Upon Wednesday last an exploratory section was made by Dr. S., in the presence of Drs. Bancroft and Gunter, of the U. S. Marine Hospital, Lewis, Bixby, and himself. The general aspect of the patient was not that of ovarian disease; the face and body were both well nourished. There was dulness throughout the left flank, resonance upon the opposite side, some fluctuation in the upper portions of the abdomen. The uterus was normal and movable; no sign of fluctuation in Douglass' fossa, or through the anterior vaginal roof.

The patient being put under chloroform, an incision was made in a much higher than the usual situation. The abdominal cavity contained no ascitic fluid, but the omentum and the intestines were found closely matted and adherent. Pelvic organs healthy. A large fluctuating tumor, the size of the head, presented itself in the left hypochondrium, posterior to the peritoneum. Into this the pneumatic aspirator was passed, and the contents ascertained to be a thin and limpid serum. It had already been proved to be neither ovarian, uterine, splenic, nor dropsy of the Fallopian tube. It was now settled, in addition, to be neither psoas nor perinephritic abscess. By exclusion, therefore, it was renal in its

character and cystic, but whether by hydatids, hydronephrosis, or dropsy of the upper portion of an ureter from occlusion, remained uncertain. A specimen of the fluid was preserved for future examination.

Dr. Storer now proceeded to ascertain the lateral limits of the tumor and the point of reflexion of the peritoneum. Indicating this point by one hand within the abdomen, with the other he plunged a trocar into the tumor externally posterior to this point and very near to the spinal column. Five quarts of the fluid described were at once discharged. Upon collapse of the sac the kidney was felt in its usual position, smaller than usual and modulated. The canula was left in position, the abdominal wound closed, and the patient encircled by a many-tailed bandage, composed of strips of adhesive plaster.

The patient rallied excellently from the operation, and was, so far, doing well.

Dr. Wheeler considered the case a very important one, if, indeed, it was not unique, alike in the satisfactory nature of the differential diagnosis made possible by the exploratory section, and the intelligent treatment in the same way effected. Where any operation whatever has been performed hitherto in these cases, it has necessarily been hap-hazard and blind. It is a very great point, when tapping in the flank, not to puncture the peritoneum, involving, as this would necessarily do, perforation of the double fold. By the hand, as a guide within the abdomen, Dr. Storer was able to decide, with perfect precision, upon the exact point required. Cystic disease of the kidney had as yet elicited but comparatively little attention; its relief had scarcely been thought of. Roberts, Cæsar Hawkins, Bright, Howe, and Virchow had each reported cases. The ancients speak of cases of these tumors attaining

enormous size. They were, probably, instances of error of diagnosis, most of them having been ovarian.

Dr. Blake asked if the cyst had shown any signs of refilling.

Dr. Wheeler replied that it had not, although the canula had slipped from its position at the end of twenty-four hours, though confined by the adhesive plaster.

Dr. Martin remarked that cysts that merely collapse almost necessarily re-secrete. The case, as described by Dr. Wheeler, resembled one of hydronephrosis he had once had, a counterpart to which had been reported by Cruveilhier.

Dr. Blake thought again that it was very like some of the cases of echinococcus of the kidney that he had seen reported.

Dr. Wheeler remarked that the fluid drawn from the tumor had neither the odor nor other characteristics of urine, and reminded gentlemen that both the lesions suggested had been thought of during the operation. He thought, if there had been dilatation of any portion of the ureter, the tumor would probably have been situated lower.

Dr. Blake asked if inflammation of the peritoneal membrane could not have caused the serous effusion that was present.

Dr. Storer reminded Dr. B. that the effusion in cases of inflammation of a serous membrane is into its cavity, and not, as here, external to it.

Dr. Bixby had examined the fluid by the microscope, but the result had been so negative that he had sent a portion to Prof. Pinkham, at Lynn.

Dr. Martin stated that in his own case of hydronephrosis, to which he had referred, there was found, at the autopsy, a large impacted calculus in the ureter. In such a case it might now be found to be good practice,

after the diagnosis had been made out by exploratory section, to cut down upon the stone and remove it through the flank. Subsequently there would undoubtedly be further trouble from the dilated kidney.

Dr. Dutton thought it outrageous that the diagnosis of pregnancy should have been made by the female physician, in the case of the young girl reported by Dr. Wheeler.

Dr. Storer reminded members of a similar diagnosis that had been made by similar authority, in one of his cases of ovariectomy lately reported to the Society.

Dr. Dow reported that the patient at St. Francis' Hospital, whose ovary, removed by Dr. Storer, was exhibited at the last meeting, was rapidly convalescing.

Dr. Storer mentioned that in this case, there having been extensive adhesions, he had twice injected the abdominal cavity with a solution of carbolic acid, at intervals of a day or two, since the operation.

Dr. Warner reported that the case of perinephritic abscess, he had related at the last meeting, was also improving. The cavity of the abscess seemed to be contracting, and, if the lady should live for eight or ten days longer, he thought she would recover.

Dr. Martin inquired if a winged catheter, such as he had exhibited at a previous meeting of the Society, would not be found useful in such a case.

Dr. Storer stated that he had tried in vain to find one at the instrument stores small enough for the case reported by Dr. Wheeler, and had been compelled to fall back upon the Ellis drainage tube.

Dr. Martin desired to say a few words more upon a subject that already had received some attention at the present meeting, namely, what had been very improperly stigmatized as

"WOMB-SPLITTING."

In cases where an operation was unjustifiable, it was proper to ridicule, but not in those where it was indicated and useful. Within a day or two he had performed his fourth operation of the kind. There had been great contraction of the os, to such an extent, indeed, that the smallest probe could be passed only half an inch. He had usually employed Simpson's hysterotome, but here its introduction would have been impossible. He first forcibly thrust in a steel director, and cut from this as a guide. There was free hemorrhage, probably from the circular artery, and stanching with difficulty by pledgets of lint dipped in subsulphate of iron. The patient was doing well.

His other three cases were all unmarried. The first of them had been under the care of a quack specialist, whose diagnosis was their usual one of "filling up of the womb." There had been extreme dysmenorrhœa, but the relief by the operation was perfect, the canal remaining patulous.

Dr. Martin related still another case, illustrative of one class of

EVANESCENT POLYPI.

The lady had borne children, and had had one or two miscarriages. There had been a slight loss of the perineum, but hardly sufficient to require an operation. She had an uxorious husband, and had noticed during the erethism of coitus, and in the period before and during the catamenia, the apparent presence of a hard body descending from within the os uteri. Upon making an examination, Dr. M. had found that there existed within the open and granular os, a minute, flaccid polypoid body, at this time a mere collapsed sac,

such as one sees upon the uvula. This, when distended by congestion at the times indicated, had produced the sensations that had been noticed.

Dr. Blake stated that Dr. Sims had spoken of similar results attending the presence of very minute polypi.

Dr. Martin recollected those cases, but the symptoms were scarcely so marked as he had just described.

Dr. Weston reported an instance of

CONTEMPORANEOUS ABSCESS OF BOTH VULVO-VAGINAL GLANDS.

The patient was now under his charge at St. Francis' Hospital. She had long suffered from tumors of both labia, which descended like testes, and by interfering with coitus had occasioned great domestic unhappiness. It had been his impression that they might prove to be cystic, but Dr. Storer, excluding intestinal or ovarian hernia, had settled the diagnosis by the use of the pneumatic aspirator, and had freely laid both abscesses open. Their cavities were packed with pledgets of carbolized lint, and the patient was doing well.

The Secretary presented from Dr. Heustis Smith, of Middleport, Meigs Co., Ohio, the following report of a case of probable

OSSEOUS DEGENERATION OF THE UTERUS.

"Mrs. —, colored, aged forty-two, came under my observation in April, 1869; a sufferer from phthisis pulmonalis, last stage, very great emaciation, severe cough, and dyspnoea, with other attendant symptoms of this disease. She has constant yellowish vaginal discharge, and free menorrhagia every two or three weeks. On

making examination per vaginam, found the womb enlarged to about the size of three months' pregnancy, imparting to touch the sensation of a very hard substance, like ivory, or bone. The same sensation presented through the attenuated abdominal parietes, on making pressure over the uterus. On either side, in the site of the ovaries, was found a hard, horn-like body, about the size apparently of a hulled walnut, as hard seemingly as any process of bone on her emaciated extremities. On making pressure on either of these bodies, the one on the opposite side would be elevated in proportion to the amount of depression effected, and the body of the uterus would be carried or pushed toward the side opposite that from which the pressure was made; thus showing a continuous connection between the two opposite cornua by means of what had once been the Fallopian tubes and their coverings, and the body of the uterus. There was also a sensation of perfect continuity of the hard body, from one extremity of it to the other. Very little tenderness on pressure. The os conveyed nearly the normal sensation, perhaps a little hardness, which might readily have been caused by the weight of the hard, enlarged uterus above it. At that time I diagnosed ossification of the uterus and its appendages. Was I correct? I have since been led to believe that it was probably a very hard fibrous tumor, involving these tissues. Which view is correct? or is either one so? I wish to know whether there ever occur cases of extensive uterine ossification, and where their history may be found. I received the history of a similar case, in which Dr. Thomas Wood, of Cincinnati, Ohio, removed the uterus and appendages. In that case, it proved to be a very hard fibrous tumor. The woman recovered, but soon after died in a melancholic state. She was also colored.

"I made every possible effort to secure a post-mortem examination in my case, but failed at every point, superstition being master of the situation."

Dr. Storer thought that the case reported by Dr. Smith was, probably, one of uterine fibroid, which had undergone osseous degeneration. In one of the cases in which he had removed the entire uterus, by abdominal section, this change had occurred to such an extent that the specimen, when afterwards examined, could not be laid open by the knife, and a saw was required.

Dr. Martin was of the opinion that it might have been an instance of general uterine ossification, cases of which had been reported.

Dr. Weston reminded gentlemen of the specimen he had exhibited at a former meeting, where a pediculated fibroid was studded with spicula of bone.

The Secretary read a letter from Prof. Frank H. Hamilton, of New York, relative to the case of

DEATH FROM SULPHURIC ETHER,

mentioned by Dr. Mack, at the last meeting of the Society. The case was one of amputation at the hip-joint, performed by Dr. James R. Wood, at Bellevue Hospital. "I myself advised the operation," says Dr. Hamilton, "and I do not think the operation, or the operator, responsible for the result. In the opinion of gentlemen who were present at the operation, the death was directly due to ether-anæsthesia."

The Secretary read a communication from Dr. Ely Van De Warker, of Syracuse, N. Y., a Corresponding Member, enclosing a resolution passed at a late meeting of the Onondaga Co. Medical Society, condemnatory of

PSEUDO-UTERINE SPECIALISM.

Dr. Storer expressed his gratification that the profession in central New York were awaking to a sense of the importance of gynæcology. Intimations had been made that the Onondaga Society had intended to throw discredit upon the whole subject of attention to the diseases of women; but it was evident, from the wording of their resolution, that such was not the case, but that it was only against their treatment by ignorant and unskilful persons that the action referred to was directed. In this matter every member of the Gynæcological Society could cordially co-operate with them, and he hoped there would at once be voted some formal expression of opinion. Dr. S. was perfectly willing that there should occasionally appear, even exaggerated rebukes of uterine practice, serving, as they did, to excite the profession to sober observation and reflection. There was much sound sense in the following remarks by Dr. Henry Gibbons, of San Francisco, a Corresponding Member of the Society.

"Now let us come home," said Dr. Gibbons, "and bring to judgment a sin in the family. Within the profession there is a species of quackery that is advertised, not by the printing-press, but by the uterine speculum. There prevails very extensively among our women a singular disorder, of which the most prominent symptom is a passion for uterine explorations. To some extent medical practitioners are responsible for the general prevalence of this malady. It is easy for sensitive females to persuade themselves that their afflictions, from the toothache downward, are due to falling of the womb, or ulcerations, or tumors; and he is the sharpest doctor who first detects the difficulty.

Here comes in the charlatan, to exaggerate the disease, if there be any, and to beguile the patient with promises of cure. Henceforth the speculum becomes to the poor woman an essential part of the daily routine of life. Caustic, the knife, and various manipulations, look like work; and she is charmed with the industrious and energetic attentions of the professional mechanic. By and by the bubble bursts; and for all the good that has been done, by subjecting the uterus to a course of torture, its proprietor might as well have adopted the treatment accredited to that miracle of scientific skill, Si-potai, — namely, the application of a blister to the crown of the head, to raise the fallen womb to its place. It is to be hoped that the fashion of women to mistrust and slander their wombs, and rejoice in having them explored and tinkered, has passed its culmination; and with it, the professional mania for persecuting that organ. The highest authorities have taken the back course, and condemned their own uterine surgery in some respects. We may, therefore, indulge reasonable expectation that the uterus will shortly withdraw from public exposure, and regard the decencies of private life.” *

These remarks came with the more force from a gentleman, who, when accepting his diploma of membership, wrote, “hoping the Society will do much service for the women, who have done and suffered so much for us.”

Dr. Storer would also remind members, of the editorial upon this subject, that was published in the very first number of the Society’s Journal. “There was risk,” he had there said, “in the sudden progress that gynæcology of late has made, as has so often happened when any branch of practice has all at once emerged

* Annual Address before the San Francisco Medical Society, 1869, p. 15.

from neglect and obscurity, that undue stress may be laid upon trivial affections, hazardous operations be unnecessarily performed, and incompetent practitioners consider themselves, and lead others to think them, masters of the art. To such, and to the profession generally, we commend the subjoined remarks of Matthews Duncan, of Edinburgh, himself a competent operator as well as critic. It will be perceived, that beneath the sarcasm there lies a just appreciation of real merit and effective work. It is a thousand times easier to ridicule than to do. To the very few competent for the latter, derision may be well permitted. Most, however, of the laughing criticisers of gynæcology have, by their very bray, revealed what was under the lion's skin.*

“‘Foolish and unscrupulous men,’ said Dr. Duncan, ‘have a peculiar tendency, easily accounted for, to cultivate the diseases of the sexual organs. And the history of the progress of gynæcology in our day would, if truly given, cast as much disgrace on some individuals, as honor upon others. Fortunately, its worst side will, probably, never be thoroughly exposed; for the fittest of fates, oblivion, awaits much that is now vaunted, — the discovery and diligent treatment of diseases which do not exist; the use of treatment, the danger of which is greater than that of the disease; the recommendation of remedies and operations, regarding which little more is known than their names; the facile juggling with new remedies, of which it is the one sufficient recommendation to have a new name; the systematic concealment of disasters resulting from such treatment. These evils, rife in our own day, should be forgotten, and medical men should combine to bring the intellect into, and expel the imagination from, so noble and so important a subject as therapeutics. If a

* This Journal, July, 1869, p. 54.

laborer in gynæcology discovers a single new fact, whether pathological, or therapeutic, or establishes a new principle, he secures something forever for science and humanity. In gynæcology, great progress is certainly being made; but "blinding dust" is the chief result of the labor of many of its most notorious, if not famous, promoters.' " *

This quotation from Matthews Duncan, continued Dr. Storer, was copied at the time from the Society's Journal into almost every other medical periodical in the country. It was well, occasionally, thus to put the profession upon its guard.

Dr. Martin agreed with Dr. Storer, and thought with him, that it would be well for a committee to be appointed, to draft such resolutions as would express the feelings of the Society with reference to an abuse of uterine specialism, and that a copy of these should not only be published in the Journal, but sent to the Onondaga Medical Society.

Dr. Warner was delighted with the proposal. If any branch of the profession had hitherto been the especial province of charlatans, it was this one of the diseases of women. Dr. W. related a Rhode Island case, now under his charge, who, during the previous six months that she had been under the care of an irregular practitioner, had had every day an uterine application, Sundays not excepted. By such malpractice patients are not only not improved, they are made much worse. He seconded the motion to appoint a committee for the purpose of drafting appropriate resolutions.

The question having been put and passed, the President appointed Drs. Martin, Warner, and Wheeler as the committee.

* On Perimetritis and Parametritis. — Adam and Charles Black, Edinburgh, 1869, p. 215.

It was voted that two delegates be appointed to attend the approaching meeting of the American Medical Association, at San Francisco, to be designated by the President.

Adjourned.

THE FIFTY-FIFTH REGULAR MEETING, APRIL 4, 1871.

The fifty-fifth regular meeting of the Society was held at Hotel Pelham, on the evening of April 4, 1871, the President in the chair. Present, Drs. Lewis, Warner, Wheeler, Weston, Dutton, Warren, Dow, Perkins, Bixby, and H. R. Storer, and, by invitation, Drs. Terry, of Trenton, N. Y., and Francois, of Saugus, Mass.

The records of the last meeting were read and accepted.

The Secretary read letters in acceptance of Corresponding Membership, from Drs. S. M. Mouser, of San Francisco, Edmund Andrews, of Chicago, and J. P. Chesney, of New Market, Platte Co., Mo.; and of Active Membership, from Dr. George P. Greeley, of Boston.

The following donations to the library were announced: a paper from Prof. John T. Darby, of Columbia, S. C., upon Hair as a Suture and Ligature; one from Dr. J. P. Chesney, of New Market, Mo., upon Woman as a Physician; from Dr. James R. De Wolf, of Halifax, N. S., the Thirteenth Annual Report of the Provincial Hospital for the Insane; and from the Obstetrical Society, of London, the volume of their transactions for the current year.

Dr. Storer exhibited a peculiar form of pessary, called "Hodges' improved," that he had removed from a

patient, in whom it had produced cellulitis. It was an open lever, or "horse-shoe," with the extremities bent into the shape of hooks; nominally to afford a broader base of support, but practically to render impossible any efforts of the patient herself to remove the instrument, and to subject her to great danger of injury during removal by even a practised hand.

Dr. Weston presented specimens illustrative of

PERINEPHRITIC ABSCESS COMPLICATING OVARIAN DISEASE,

and reported the case.

The patient had been suffering under abdominal enlargement for some six years. Three years or so ago, after a violent attack of vomiting, this enlargement suddenly, though but temporarily, almost disappeared. For the past year she had been under the care of Dr. W. S. Brown, of Stoneham, who called Dr. H. R. Storer to her in consultation on Feb. 24, Dr. Warner also being present. Dr. S. gave it as his opinion that there was probably present ovarian disease, but with some very obscure complication, and advised an exploratory section. This was made by Dr. Storer, a month later, in the presence of Drs. Brown, Weston, Warner, and Gilbert, of Quincy, and an enlarged ovary of some thirty pounds' weight removed, the sac of which was now exhibited by Dr. Weston.

There was also, however, found to be present, a fluctuating tumor as large as the head, occupying the right hypochondrium, and external to the peritoneum. The pneumatic aspirator being passed, this tumor was found to contain inspissated pus, and was immediately pronounced, by Dr. Storer, perinephritic abscess.

Dr. S. considered that the shock of the ovariectomy

was of itself sufficient to render inexpedient an immediate discharge of the abscess through the flank, as in other cases of this disease that had been reported to the Society, and decided, therefore, to postpone it till after recovery, should this take place. The patient, however, died on the third day, from exhaustion from vomiting.

At the autopsy, the abdominal wound was found to have healed by the first intention throughout its entire extent. Abdominal cavity containing no fluid, and looking healthy. A quart of fluid pus being drawn from the sac of the abscess, this was now closed by ligature, and removed unbroken, with the kidney attached.

The specimen as shown still contained several pounds of putty-like, inspissated pus, and it was a matter of surprise to the members present that the patient could have survived so long as she did, considering the extent and severity of her disease, independent of the ovarian complication.

Dr. Dow reported a case of

EXPLORATORY ABDOMINAL SECTION FOR RENAL TUMOR.

This patient had long been under the care of a very devout homœopath, who had endeavored in vain to dissipate the abdominal swelling by prayer. He was first called to see the case on March 22, and summoned Dr. H. R. Storer in consultation on the same day, Dr. Warner being also present. It was decided at once that the case was not ovarian, the lower abdomen being unoccupied by the tumor, and the pelvic organs, by vaginal examination, being found normal in size, and movable. The upper portion of the abdomen was occupied by a hard, unyielding mass, which was thought, possibly, to be a pediculated fibroid, though, as it was scarcely movable,

there was very great doubt of this. The patient's general health was very much broken, the tumor was rapidly enlarging, and an exploratory section was requested by the husband. This was accordingly made on March 27, by Dr. Storer, Drs. Warner, Dow, Weston, Bixby, and Wheeler being present. The tumor proved to be external to the peritoneum, of very great size, and solid. The pneumatic aspirator removed only a little blood. No attempt at removal was thought justifiable, or even possible, without the immediate death of the patient. She sank from exhaustion on the second day. An autopsy was not allowed.

Dr. Storer remarked upon the remarkably long series of cases he had had, within the last two years, of renal tumors of various kinds, the diagnosis of which had only been settled by exploratory abdominal section. There had been more than he had seen during the ten years previous, and in all of them there had been one or more of the other members of the Society present at the operation. It was often easy to decide that an abdominal tumor was not uterine or ovarian. In many instances, where it was rapidly increasing, or the patient's health failing in spite of constitutional treatment, it became a matter of great moment to settle the diagnosis, and to ascertain whether surgical interference might not offer a chance of recovery.

Dr. Warner presented a specimen illustrative of

LONG RETENTION OF BLIGHTED OVUM WITHOUT
PUTREFACTIVE CHANGE.

He was called to the case some three weeks ago by Dr. Winkler, of Jamaica Plain. The patient was unusually anæmic. She had for several months had

what seemed ordinary leucorrhœa, but it did not yield to ordinary treatment. She had had five children, of whom the youngest was two years old. She had last menstruated in July, nine months since, and at first thought herself pregnant. Two months afterwards, there had occurred a slight show, and simultaneously with this, although the menses did not recur, all the symptoms of pregnancy ceased. A month afterwards, the leucorrhœa spoken of, set in, and had been very profuse, requiring a napkin to be worn constantly. Dr. Warner advised dilatation by sponge tents. This was done, and soon after the specimen now shown was removed from within the uterus by Dr. Winkler. It was an ovum of from two to three months, and seemed perfectly fresh and sweet, although its death must have occurred at least seven months previously. Not the slightest hemorrhage attended its removal, as would have been the case had the pregnancy been a recent one. The chronic leucorrhœa immediately ceased, and the patient was doing well in every respect. The case was a very important one, both in its diagnostic and therapeutic relations.

After careful inspection of the specimen, Dr. Storer was satisfied of the correctness of Dr. Warner's conclusions. Had there been hemorrhage at the time of its removal, gentlemen might have supposed that there had been a re-conception after miscarriage, but the evidence certainly went to show, that development had been arrested at an early date, and the ovum retained for the long period mentioned, causing much uterine irritation, and yet itself undergoing little or no cadaveric change.

Dr. Storer stated that, during the past week, he had operated at Haverhill, upon an interesting case of

CHRONIC LABIAL ABSCESS,

that he might mention in connection with those reported at the last meeting.

The patient had been under the charge of Dr. J. P. Whittemore, of Haverhill, by whom he had been called to see her in consultation. Dr. W. had given the history, as follows: —

"Mrs. — is the mother of three children, the youngest being less than two years old. She had been afflicted for six or eight years with her present trouble, which she has supposed to be piles; she has said but little about it, except during confinement after labors, and then simple treatment, without a personal examination, had sufficed to remove the soreness, so that she has given but little heed to the affair until a week or so since. At that time it began to trouble her more than usual, and my attention was called to it during the past week. Upon examination, I found a tumor filling the posterior segment of the right labium, as large as a pullet's egg. It is very hard and very sore, and can be distinctly felt along the rectal portion of the vagina. The patient suffers much less pain when lying in bed."

There being fluctuation, Dr. Storer passed the pneumatic aspirator into the tumor, settled the question of its being an abscess, and then freely laid it open by incision, packing the cavity with lint soaked in a solution of carbolic acid, to ensure healing from the base.

The Secretary read a communication from Dr. J. H. Fraylor, of Cape Girardeau, Mo., upon

DISPLACEMENTS, AND THEIR FAULTY DELINEATION
IN THE TEXT-BOOKS.

[Dr. Fraylor's paper was published in the Journal of the Society for July, 1871.]

Dr. Fraylor prefaced his communication by stating, that his paper was elicited by the examination of a patient laboring under retroversion, the result of endometritis and subinvolution after abortion, the attending physician insisting that the cuts in the text-books were exact representations of each kind of displacement, whereas, in reality, this was far from being the case.

Dr. Warner considered Dr. Fraylor's paper deserving great praise. If physicians generally, would read it, and take it to heart, far fewer pessaries would be used than at present. He had that very day seen a case of retroflexion, attended by extensive subinvolution, that had long been under the charge of a physician of repute, who had finally told the patient that there was simple displacement, although the sound entered the uterine cavity for five inches; he had inserted a pessary, and told the patient to go about her business, for very little ailed her. As might have been expected, the pessary had caused a great deal of trouble.

Dr. Francois inquired if the practitioner referred to had employed the sound in making his diagnosis.

Dr. Warner thought not, but he had taken two years in making it, nevertheless, during which time he seemed to have used all manner of pessaries, changing from one to another.

Dr. Bixby related a case, where a difficult labor had resulted in the same conditions. Under appropriate treatment, the uterus had nearly regained its normal size, but there still persisted that tendency to retroversion so well described by Dr. Fraylor. He had him-

self entertained the idea broached by that gentleman, that the uterine ligaments became weakened by the long continuance of the uterine disease. He had of late employed a ring in the case he had described, with some benefit, although as a rule he had but little faith in pessaries.

Dr. Warner thought that, though the os and cervix, in Dr. Bixby's case, might have been restored to their normal condition, there probably remained more or less disease of the fundus, inasmuch as there was still displacement. Often such patients will be found continuing to slowly improve, after they have apparently ceased doing so. The displacement seems to be kept up by the undue congestion of the menstrual week, though in some of the worst of these cases there is but slight catamenial discharge. Displacements would be found to be extremely rare where the womb was perfectly healthy.

The Secretary read a communication from Dr. Frank A. Ramsey, of Knoxville, Tenn., Corresponding Member, detailing a case illustrative of

THE TOLERANCE OF THE PERITONEUM OF OPERATIVE INJURY.

Dr. Ramsey states:—

"I had occasion to make reference to an old number of 'The American Journal of Obstetrics,' and on turning over its leaves my attention centred on the paragraph in the paper by E. R. Peaslee, M. D., LL.D., on 'Injections into the Peritoneal Cavity, etc.' It is this: 'The object to be secured by intra-peritoneal injections after ovariectomy is, *the prevention or the removal of septicæmia by the removal of a fluid in a state of decomposition, or soon to become so, from the peritoneal cavity.*'

"Immediately my memory brought forward a case

which occurred to Dr. Jno. W. Paxton and myself, very many years ago, so strongly illustrative of the capacity of the peritoneum to receive impressions, even though seemingly violent in the nature of the agent employed, and at the same time demonstrative of the eminent propriety of intra-peritoneal injections, that I have determined to submit it to your discretion whether to place it amongst the papers of the Gynæcological Society.

"A man, a sot, received a cut, an inch long, in the abdominal walls, just below the umbilicus, and fully half as long again as the parietal peritoneum. Immediately the abdominal viscera began to escape. A messenger started for town, four miles away, and the wounded man, supporting the escaped viscera in his breeches with his hands, walked to the house, more than a quarter of a mile from the part of the field he was in when he got the wound. It was a very hot day in the latter part of July. When Dr. Paxton and myself reached him, perhaps two hours after the wound had been made, we found him upon the floor, pale, breathing rapidly, and with a pulse rapid, thready, hardly perceptible. He was largely under the influence of liquor at the moment the cut was made; but we at once gave him a drachm of laudanum in two ounces of whiskey. His stomach with a peck of intestines lay upon his belly, and the abdomen was nevertheless distended. The viscera were carefully washed with water just from a spring running within forty steps of the door, and of the summer temperature of springs of this locality, 60° F., and then slowly and carefully examined and returned. If they had received any injury, we failed to discover it. Having accomplished the return into the abdomen of the viscera, a common tin funnel was held in the wound, and half a gallon of water just from

the spring, was poured through into the peritoneum; the funnel was taken away, and he was turned upon his side, in which position a very considerable quantity of blood-red fluid was discharged through the wound. The funnel was repeatedly introduced, and water poured through it into the peritoneum, and made to be discharged by placing the man in the proper position, until the water came from him pure and limpid as it was when put into him. The wound was then closed by suture; a fly blister, brushed over with spirits of turpentine, was applied to the whole abdomen, and a very tight bandage of *thick* cloth around his body, and upon that bags of pounded ice were placed, and grs. xx. of calomel with grs. ij. of opium were administered. Ten days afterwards he presented himself at our office, having walked four miles to town."

Dr. Warner considered that Dr. Ramsey's case went far to prove, that the peritoneum could be cut with as much impunity as any other portion of the body, as he himself had suggested at previous meetings of the Society.

Dr. Wheeler did not see the advantage of the blister and turpentine that had been employed, in the case narrated.

Dr. Bixby supposed it had been for the purpose of creating an increased tendency of the blood towards the wound, and thus to obtain a quicker union.

Dr. Storer, on the other hand, though he could not see the necessity, thought that the idea had been, by counter-irritation to try to prevent an excess of inflammatory action.

Dr. Warner did not think that such an application would make the slightest difference either way.

Dr. Wheeler thought it important towards obtaining

healing by the first intention, to keep the parts as quiet as possible.

Dr. Bixby had known an eminent military surgeon who always applied nitrate of silver to recent wounds.

Dr. Storer stated that this was in accordance with the views of certain surgeons upon the continent of Europe, who from the bad results of attempts at primary union, in the "hospital atmosphere," had been led to always discourage them.

The Secretary read extracts from a letter to himself from Dr. John Scott, of San Francisco, a Corresponding Member, upon

REFLEX PUERPERAL MANIA, AND ITS RATIONAL
TREATMENT.

"I am deeply interested in your little book, on 'Insanity in Women,'" writes Dr. Scott, "and I most cordially endorse your statements. I have had under my care three cases of bad puerperal mania, all of whom had been in asylums, and had come out worse than ever. In none of them had there been any attempt at diagnosis, or treatment, and yet in each case there was the most marked exacerbations at the menstrual period, and on examination there was well-marked uterine disease. Special local treatment at once modified the paroxysms. In the first case a speedy recovery followed. In the second, convalescence had set in, when the patient was removed because I would not allow the relatives to feed her with pickled pig's-feet, sweet-cakes, and other trash; but, as the result of the local treatment, I heard she had got well. Her case was a very sad one; she was married, but childless; had evidently had uterine disease before as well as after marriage, as evidenced by great irregularity and occasional suppression of the catamenia; after a

cold had *entire* suppression, and then became intensely melancholy, then obstinately refused all nourishment, lying on her back, with her teeth clenched, her hands closed, and knees drawn up. The only treatment in Stockton was the gag to open the mouth, and the stomach-pump to feed her; but she resisted so fiercely, that when she was brought to me her throat was torn and bleeding, and she was almost dead from starvation. It never seemed to strike the asylum people that milk could have been forced down the throat by a funnel with its end in the nostril, or that beef soup could have been injected into the bowels ! A few nutritive enem-
as, and my patient, on finding that I could compel her to swallow milk through the nostril, never gave me any further trouble. The third case was of four years' standing; had been taken out of the Alameda Asylum, as incurable. She was more like a wild beast than anything else, as she tore and destroyed everything. Her countenance was *idiotic* in expression, and she could not answer sanely to the simplest question. *She had the strait-jacket constantly on*, and two people sitting beside her to keep her quiet. For a week before, during, and after her menstrual period, her violence was excessive. All they could tell me was this, and that her catamenia were regular. She had no fever, and was sleepless. I put her under chloroform, and on examination, found an anteverted hypertrophied uterus with erosion. I depleted the womb by scarification, prescribed some simple medicines, and put her on an exclusive diet, and a week afterwards the jacket was put away, never to see the light again. She is now perfectly mild and inoffensive; eats, drinks, and sleeps well; has *no attendant*; can talk rationally for a few minutes at a time, and is, I think, likely to get well. I could mention other cases, but these I have had since I came

here. I have no doubt your book will do good, in awakening the attention of the profession generally to the truth of your statements."

Dr. Storer considered that the occurrence of the hysterical element in puerperal mania, as in the case described by Dr. Scott, was far too often lost sight of.

Dr. Warner detailed a case in point that he had seen on the previous Sabbath, at St. Francis' Hospital, with Dr. Storer. The patient would swallow nothing, talked incoherently, calling her attendants papa, mamma, etc., etc. She had been confined a month previously, and at the end of a fortnight the lochia and milk were suppressed. She was put upon assafœtida, by enema, and Dr. Dow, who was the physician in immediate attendance, would report the result.

Dr. Dow stated that there had been a marked and steady improvement.

The Secretary read a communication from Henry Colman (med. student), of Canton, Miss., relative to

REGULAR MENSTRUAL IRREGULARITY.

"Concerning the case of 'regular menstrual irregularity,' noted by Dr. Ballard,* I have further to report, that delivery took place on the night of Dec. 12, three hundred and one days, or ten calendar months, less two days, from the date of the last menstruation, — Feb. 14, — thus confirming Dr. Sullivan's opinion, as expressed when the case was under discussion.

"The child was a female, weighing between six and seven pounds, and well, but not unusually developed."

The Secretary read extracts from a letter from Dr. J. F. Gould, of South Boston, relative to

* See this Journal, February, 1871, p 71.

DIGITALIS IN HEMORRHAGE AFTER ABORTION.

"Soon after Dr. Sullivan's article in the *Gynæcological Journal*, on 'Digitalis in Hemorrhage,' I had a patient who had taken everything, from a mustard foot-bath, to Duponico's golden pills, and finally aborted at three and a half months.

"The patient was under the care of a midwife. The hemorrhage was excessive at times, so much so that combing the hair, or rather having her hair combed, she would faint while in the horizontal position, and had repeated attacks for eight weeks. The remains of the placenta were removed by me after the first attack, one week after the ovum had come away. I kept her feet elevated about fifteen inches higher than her head. These 'gushes' of blood were always controlled by qttts. x. tinct. digitalis, three times daily. Ergot was vomited in the fluid and solid form. The digitalis gave great relief to her weak heart."

Dr. Storer reported the result that had occurred in a patient who had come to him from Rochester, N. Y., for ovariectomy, but on whom the operation was not performed, because he would not "warrant a cure." She had died at home of exhaustion, some weeks afterwards, and the following notes of the autopsy, made by Dr. W. W. Ely, of Rochester, went to show that the case was as good a one for operating as the average. Dr. S. had advised an exploratory section.

"Body greatly emaciated. Dropsical fluid in abdomen; probably five to eight quarts. The tumor originated in the left ovary, and extended to the right side behind the rectum, dipping down into the pelvis in connection with the uterus, so as, at an early stage, not to be distinguished from a tumor growing from the

uterus; one cyst in the tumor may have contained one pint of fluid, — remainder of the tumor solid and vascular; its larger proportion was of a light color, and, on examination with the microscope, presented fatty cells and granules. It was not considered malignant. On the first examination, in Dec., 1869, the tumor was moderate in size, and principally confined to the pelvis, but it grew rapidly, and in the summer of 1870 it occupied the lower part of the abdomen, and gave rise to a severe attack of peritonitis. Dropsy followed, and increased, until, from exhaustion, the disease proved fatal on the 4th of January, 1871.”

Dr. Storer offered the following resolution, which was seconded by Dr. Wheeler, and unanimously passed: —

Resolved, That the Society has learned with sincere regret of the double loss, by the death of wife and son, lately sustained by one of its Active Members, Dr. Fogg, of South Boston; and that it tenders to Dr. Fogg, in his great affliction, its heartfelt sympathy.

Dr. Storer called the attention of members to the remarks that were made at the Obstetrical Society of London, regarding the decease of the late Sir James Y. Simpson, by Dr. Tyler Smith and Mr. Spencer Wells. The latter gentleman was personally known to so many of the Society that his statements would be listened to with great interest. They were as follows: —

“Mr. Spencer Wells seconded the resolution with the mournful satisfaction felt in attempting to do honor to the memory of a lost friend. His acquaintance with Simpson dated from 1855, when with great liberality he invited him to operate in the Royal Infirmary of Edinburgh, on a case of vesico-vaginal fistula. He (Mr. Wells) arrived in Edinburgh on New Year’s day, 1855. The night was spent with Simpson, Dr. Priestly,

and others in visiting the prisons, whiskey-shops, and other low haunts of that city; the next day among Simpson's private and hospital work. At night Simpson entered into a learned discussion, at the Royal Society, on some of the Buddhist opinions, and monuments of Asia, compared with the symbols of the ancient sculptured 'standing stones' of Scotland. After this meeting, Simpson drove him (Mr. Wells) to a country-house, the scene of the ball in Waverley, where patients were visited in the middle of the night, the house and grounds seen by moonlight, and Edinburgh only reached in the early morning. That day Mr. Wells did his operation in the Edinburgh Infirmary,* and returned to London in the evening, Simpson having only been in bed two hours all this time,—no uncommon example, it was said, of his marvellous activity, and power of work; and now he is gone few will think that the Lord-Provost of Edinburgh went too far, when he called the discovery of the anæsthetic effects of chloroform 'a great gift to mankind.' Simpson never claimed to be the discoverer of anæsthesia; but he did claim, and claim justly, the first application of sulphuric ether as an anæsthetic in midwifery, and the discovery of the power of chloroform, which discovery extended rapidly and greatly the practice of anæsthesia; and Fellows of the Obstetrical Society, accustomed to watch the sufferings of women, during the most trying moments of their existence, are well able to appreciate the value of the discovery, and the energy and ability with which he ascertained the effects of ether and chloroform in all stages of parturition, and his convincing answers to the so-called religious objections, as well as

* We were present at the time, and can testify to the skill with which Mr. Wells' operation was performed. — H. R. S.

the tact and wit by which he overcame those who thought the new practice 'unnatural.'

"'How did you come from Belfast?' said he to a lady. 'By steamer, to Glasgow.' 'That was unnatural, madam; why didn't you swim?' By Simpson's hard work, anæsthesia in midwifery became an established practice, and his demonstration of the effects of chloroform led to its rapid extension in surgery and medicine. He had well earned his crest motto, *Dolore victo*. In his own last answer to Bigelow, this is the substance of his claim, and his last words should live in our memory: 'I am a sad invalid just now, and quite unable to write with the force and brevity required. With many of our profession in America, I have the honor of being personally acquainted, and regard their friendship so very highly, that I shall not regret this attempt — my last, perhaps — at professional writing, as altogether useless on my part, if it tend to fix my name and memory duly in their love and esteem.' " *

Dr. Storer proposing to be absent for several weeks in California, the President appointed Dr. Bixby, Secretary pro tem.

Adjourned.

* Transactions of the Obstetrical Society, of London, vol. xii., 1871, p. 242. See also this Journal for May, 1870 (supplement).

DETECTION OF CRIMINAL ABORTION.*

BY ELY VAN DE WARKER, SYRACUSE, N. Y.

[Communicated to the Society, March 7, 1871.]

II.

ABORTION FROM MEDICATION.

BEFORE this crime of the period was brought within the strict lines of a science and art, it was perpetrated by means of drugs, which by direct or indirect action rendered the womb unable to retain its foetal contents. An examination of the various laws enacted by the different States of the United States, and by England, although covering the crime, however caused, shows that they are framed with particular reference to the procuring of abortion by the administration of abortient drugs. A law passed by the Legislature of the State of New York in 1869, and most stringent in its provisions, and which renders it a penal offence to procure for a woman, whether she be pregnant or not, any drug capable of causing an abortion, with the intent to give the same, is framed with particular reference to the protection of the foetus from any assault upon its safety by means of drugs. The foeticidal drug forms the domestic expedient of the woman in difficulties. It is safe to say that every woman, married or single, when she suspects herself pregnant, resorts to the free use of drugs before she applies to the professed abortionist. Long before the days of Tofama and Brinvilliers woman resorted to poison as her favorite weapon. The innate refinement of her nature sways her in the darkest moments of crime. It is for this reason that all that is best within her resists the gross manipulation

*Continued from this Journal, May, 1871, p. 292.

of the abortionist. The opportunities a woman has to obtain drugs of this nature are many. I know of more than twenty-six different preparations advertised and sold for this very purpose. There may be many more, but as I do not purpose to give the names of these advertised female pills it is not important if a few escape our notice. Many of the venders of these drugs make a direct bid for the pregnant woman by the well-known caution for the woman in that condition to avoid their use. Some of these nostrums, either from more liberal advertising, or from the fact that they have the power to, now and then, accomplish the purpose for which they are given, have obtained an enormous sale.

Facts regarding the sale of these drugs in the United States possess peculiar interest in connection with this subject. I have been to great trouble since I became interested in this subject to obtain facts relating to this point. Those who are in a position to know something about the matter refuse to impart their knowledge. I have known druggists, whose information concerning it must have been limited, refuse flatly to tell me anything about it.

I have, however, been able to put together a few figures, — enough to startle any one who has not thought upon the subject.

SALES OF FEMALE PILLS.

Wholesale	drug stores in Syracuse,	33	gross.
Retail	“ “ “ “	6	“
Wholesale	“ “ “ Troy,	17	“
Retail	“ “ “ “	7	“
<hr/>			
Total,	. . . .	63	“

These are proprietary preparations, mostly in the form of pills, and in the city of Syracuse embrace some

fifteen varieties. The two cities named will aggregate ninety-five thousand inhabitants. The wholesale drug-stores sell their wares in the neighboring small towns. Without making the calculation, let it suffice to say, based on these figures the amount sold in the United States must be immense. The sum paid for these worthless nostrums must be near a million dollars. This is a large sum, but by the side of the terrible demoralization to body and soul which results from this trade it shrinks into small consideration. The sale of these proprietary articles forms but a part of this trade. I believe there is a still larger trade in counter-prescriptions through the land. Each druggist compounds for himself those drugs he believes to be emmenagogue, and sells them to persons who call for them, at a high price. This is a favorite trick of the trade. I believe it to be a rule with them. There are exceptions, undoubtedly, to this rule, but I do not know more than three druggists of my acquaintance in whose stores such a sale is impossible. The stringent law enacted by the Legislature of the State of New York has placed no restraint on this demoralizing traffic. It is a branch of the business which appeals directly to the cupidity of the apothecary. He sells the prescription which he extemporizes for from one to ten dollars, according to the pecuniary standing of the applicant for relief. The cool effrontery of young girls and women in speaking to strangers, non-professional, upon this most secret function of her sex is astounding. Having been part owner of a drug store, in a populous city, I speak from personal knowledge. This fact is a striking commentary on the fashionable call for women physicians as the depository of the sexual secrets of the sex. The apothecary usually compounds from two to five drugs, which he regards as emmena-

gogue, in the form of mixture, bolus, or pill. I have known of perfectly inert drugs being mixed and sold to women who applied for abortifacient drugs for a criminal purpose. But generally druggists do not thus trifle with their reputations as skilful abortionists. The temerity with which even respectable druggists will sell violent and noxious drugs to women far advanced in pregnancy forms one of the most alarming features of this trade. This criminal conduct on the part of dealers is sometimes attended with fatal results. In 1866 I attended a colored woman in the city of Troy, who died from pelvic cellulitis, after an abortion at six months. The mixture was procured from an apothecary at Pittsfield, Mass., where the woman had formerly resided. She confessed to having drugged herself for nearly three months with abortifacients. The woman was several years married, and childless.

In 1860 or 1861 a case of this kind formed the subject of official investigation near Troy. The woman, far advanced in pregnancy, procured a mixture of oil of savin, ergot, and aloes, in the form of pills, from a druggist. Death resulted, and a post-mortem section was made. The druggist escaped punishment, alleging, I believe, ignorance of the woman's condition.

The ease with which a woman with criminal motives obtains the means to accomplish her purpose is the main cause of the great trade in these drugs. There is not a single difficulty in her way. There are laws which, if enforced, will check this trade. These laws are not enforced, and I think for this reason: I am forced to believe, that in relation to this crime there exists a moral obliquity in all ranks of society. In more wealthy circles fashion regulates the number of a woman's family; and the poor — their very poverty conferring on them a wealth of maternity — "banish," as I

once heard a poor woman call it, unborn little ones, to stint the cry for bread. Now, an ordinance for the suppression or punishment of an offence against society is enacted on the assumption that there exists in every community a certain proportion of law-abiding people. If this assumption is false — and in relation to this crime I fear it is — the laws are simply an array of words, powerless to effect their purpose. I may be wrong, but I believe this crime of abortion is more common in Protestant countries than in Catholic. Among the Roman Catholics the indiscreet maiden receives her crown of motherhood. She has been taught from childhood to bow before the reality of an unborn soul. To the Protestant woman of many sects such a reality cannot exist. The belief finds no place in her heart, that the embryo of coming manhood within her has roused pulses of love not unmarked in heaven.

The liability of an abortion induced medically to terminate fatally is largely in excess of the instrumental abortion. This statement may be proved by the current criminal items of the daily newspapers. I have been some time in collecting twenty-one cases of death from criminal abortion from various newspapers. Of this number ten deaths resulted from the use of abortifacient drugs, five cases implicated medical men, and in six cases no statement was made of the means used. Rejecting those notices of abortion implicating medical men, as very probably induced by means other than the administration of drugs, we have a large majority left, in the greater number of which it is stated drugs were used. Dr. Taylor, speaking of the use of medicinal substances as abortients, says: "They rarely answer the intended purpose, and when this result is obtained it is generally at the expense of the life of the mother." (Med. Jurisprudence, p. 433, Amer. ed.) I think my

statement of the case above is sufficiently strong, and that Dr. Taylor makes an assertion difficult to prove. In view of the extent of this trade and the comparative rarity of fatal cases known to the public as such, we can hardly fail to admit that abortion from medication must be practised with success.

An abortion from the use of drugs is more difficult of detection from the spontaneous abortion than one from instrumental interference. When the abortion is the result of the use of noxious drugs it simulates the abortion from natural causes. The series of morbid acts, which stand in the relation of sequence to the abortifacients, slowly culminate. The acme is abortion. The participation of the uterus in these systemic changes must be, partly at least, those which take place in the abortion from natural causes. It is for this reason that those symptoms which stand out in such bold relief in the instrumental abortion are wanting in these cases. So far as the uterus alone is concerned, its condition must be nearly alike in both the spontaneous abortion and one from the effects of drugs. In both the foetus is expelled non-viable as a rule. The viability of the foetus is destroyed, not from any direct action of the cause, but for the same reason that rendered the womb untenable.

Two conditions may become factors in isolating this class of abortion from those, the result of natural, slow-acting causes, (*a*) time, and (*b*) any peculiarity in the action of the exciting cause.

(*a*.) Time for the exciting cause (the abortifacient) to manifest its individualities. It is evident that the symptoms which result from the criminal use of a drug would loom prominently in the beginning of the morbid acts in contradistinction to the insidious approach and gradual climax of the spontaneous abortion.

(b.) The action of any drug or combination of drugs must have its peculiarity of action more or less marked upon the group of symptoms which result from its use. Abortifacients may be divided into three classes: —

(a.) Those which act directly on the womb.

(b.) Those which act reflexly by the imitation of some usually contiguous organ.

(c.) Those which are combined pharmaceutically and unite the action of (a) and (b).

Our study of criminal abortion from medication will turn on the pharmacodynamics of the drug employed. To base its diagnosis on any other ground would lead to error. (a.) Those abortifacients which act directly on the womb and render it untenable are few in number, and some of them of doubtful power. It will be important for us to inquire, when, and to what extent, is the womb capable of this direct stimulation of its expulsive power. Let us take ergot as the type of its class. Its physiological action on the non-striated muscular fibre is the source to which we now refer what was formerly regarded as its elective power on the uterus. There are well-grounded doubts as to the power of ergot alone to accomplish an abortion in the very early months of gestation. The uterine mechanism subject to the excito-motor action of ergot is deficient in those months. The unimpregnated womb is slow in its expulsive movements. Its capacity for motor efforts is limited by its state of non-development. Many observers have expressed their doubts of the ability of ergot to cause abortion in those months; Warner, Villeneuve, Chatard, and others. (Neal, *Researches*, etc. Pereira, *Mat. Med.* vol. ii., p. 68.)

I am more inclined to ascribe any influence it may have on the hemorrhage of an unimpregnated womb to its action in lessening the calibre of uterine blood-ves-

sels, — the analogue of its action in hemoptysis, — than to any power it may have on the muscular structure of the organ. The womb, however, at any period of its functional existence being a muscular organ, when reflex irritability is once established, ergot, by almost universal admission, will hasten expulsive efforts in the impregnated womb.

It is our purpose to study the criminal use of the drug. It is doubtful if there is an intelligent woman in any but the remotest places but understands that ergot "will bring on pains." The drug, therefore, generally plays an important part in the abortion. There is more science and skill shown in the management of the drugging than is usually supposed. After pills and teas and foot-baths, including the gin-bottle, ergot is almost sure to be called upon to perform its office.

The study of the detection of the administration of ergot will embrace many points. Ergot is a promoter of neurodynia. Although I have not seen this action of the drug referred to by any author I have yet met with, still I believe it is a common effect of its exhibition. This ergot-neurosis occurred three times in a limited number of cases, and in myself during an experiment. It may be difficult to isolate this condition of the nervous system from what may be called the normal neuralgia of abortion, unless we are aware of, what may on more extended observation prove the rule, that the neurodynia in question attacks nerves not usually liable to pain during labor, or an abortion. Indeed, pain in the track of nerves is what we might expect from its physiological action. I regard it as the result of a nerve-anæmia. Romberg says, "It seems as if pain were the prayer of the nerve for healthy blood." This idea of deficient blood supply holds good in many forms of neuralgia (Dr. C. Handfield Jones, Clinical

Obs. on Functional Nervous Disorders, Amer. ed., p. 40), and applies with equal force to the neuralgia of ergotism. The action of the drug on non-striated muscular fibres of minute arterial coats leads to that anæmic condition of the nerve which causes pain in its trunk and peripheric terminations. In the cases observed by me this neuralgic action of the drug seemed to have a selective power over the nerves of the extremities. I think this neuralgia of ergotism will explain many of the phenomena attending the administration of ergot in parturition. Among these are the lingering uterine pains unattended by contraction of the organ, after the ergotic contractions have ceased, and an intense neuralgic pain, which is often observed to prelude the expulsive efforts of the womb. Another condition following its use in labor, and which is characteristic, is the excruciating pain attending uterine ergotic contractions, altogether out of proportion to the power of the expulsive efforts.

Pain in the spontaneous embryonic abortion is the symptom which preludes and accompanies the expulsive stage of the accident. So rarely is it present, except as a sense of uneasiness, at any other period, that we may regard this as a rule. I would except from this rule ovarian irritation and slight pain which is so often present when any undue influence is exerted on the reproductive organs of woman. Cazeaux (*Obstet.*, Amer. ed., p. 326) tersely calls the predisposing causes of the spontaneous abortion the "slow-acting causes." We should therefore constantly have our attention alive to the fact that severe uterine or ovarian pain taken singly is rarely seen in abortions from natural, slow-acting causes, in any but the later stages of the process. We then find that in the liability of ergot to excite uterine or ovarian neuralgia, independent of any

power it may have to cause expulsive efforts in the womb, we have sure means of detecting its administration. This neurodynia, to be of any detective value, must be present at a period of the abortion when the expulsive pains would not, judging from the condition of the os, be present. If in addition to this condition we take into consideration the possibility of the drug causing neuralgia of the extremities, of the face or scalp, we have presumptive evidence of its administration. I have, however, hardly been able to make out a case; but I can make the evidence still stronger. Another means of recognizing ergotism is the persistence of its effects. Trousseau and Maisonneuve noticed (Bull, de Therap. iv., 106) as a uniform symptom of ergotism, a dilatation of the pupil. It began from twelve to fourteen hours after administration and continued for *several days*. I have not observed this mydriatic effect of the drug from its legitimate use, still it should always be looked for, as its criminal use implies the conditions essential to the development of mydriasis. These conditions are too large and too frequent doses. Ergot lowers the rate of the pulse to a remarkable degree. Dr. Quinton Gibbon, of New Jersey, found his pulse decline from seventy to fifty-five beats. (Stilli, Therap. ii., p. 723.) Arnal found that this action of the drug commenced within an hour, and lowered the pulse from eighty-four to sixty-two, and at an average rate of eight beats in a minute. (Bull, de Therap., xxxvi., 5-34.) Dr. Hardy observed that in the parturient female this effect took place in from fifteen to thirty minutes, and sometimes continued for several days. (Dublin Jour. of Med. Sci., xxvii., 225.) This remarkable action of ergot upon the pulse isolates the drug from all others at all likely to be employed for a criminal purpose. This depressing action

on the heart is made evident at the time, when, from the nature of things, we should expect to find marked acceleration of the action of the heart. If, then, in a case of confessed pending abortion, or in a case in which the attempt is made to conceal the abortion under the mask of dysmenorrhœa, we were to find a pulse beating at fifty-five to sixty-five, it would be a just cause for a careful scrutiny of the case.

Another means of detection of the administration of ergot is the use of the thermometer. The pulse-beat ratio is lowered *pro rata*. In some experiments upon myself, to test this point, I found the effect of ergotism upon the temperature marked. Drachm doses of Tilden's ext. ergot were taken at irregular intervals, as business would permit, and the temperature taken with the bulb under the tongue, the scale being read with a mirror. The mean of thirty-five observations before taking the ergot was 98.158° F., which was assumed as the healthy standard; the mean of eighteen observations during ergotism was 96.012° . The thermometer ranged slightly lower on the first day than on the two succeeding days. Two days after, making the fifth day from the beginning of the experiment, the instrument showed a mean range of 97° . Ten drachms of the ext. ergot were taken during the experiment.

And lastly, for the detection of use of ergot in the criminal abortion, we have the sphygmograph. When we take into consideration the marked power of ergot over the heart and its persistence of effects, we have in this instrument an unerring means for the detection of ergotism. The pulse-tracing after ergot is so marked that when the sphygmographic pulse-wave is seen, it is simply a question of some grave pathological condition, or of ergotism. The pulse-trace after the lapse of from one to twenty hours following a dose of ergot

presents the following features: (*a*) diminished systolic distention, (*b*) increased arterial pressure, (*c*) irregularity in the heart's action as shown in the unequal value of the primary wave (Figs. 3, 4, 6), (*d*) the flattened instead of the acute apex of the normal pulse-wave, — the senile pulse of Marcy, (*e*) a loss of tricrotism with a tendency to dicrotism and the monocrotic type. The flattened apex indicates, according to Marcy, a pathological change in the arterial walls; but in these cases it does not have that significance. The age of the subject would prevent that explanation being given; the gradual return to the normal sharp apex would demonstrate that it depended on some other cause. I explain it as the result of a profound impression on the nervous system. It is also found in the pulse-trace of the insane. These remarkable changes in the pulse occur in less than an hour after taking a dose of ergot; and as shown in Fig. 9 there is the first tendency to a normal tracing after thirty-nine hours and fifteen minutes. Dr. John Van Duyn, of this city, kindly took the tracings for me. The subject was myself. Space prevents my giving the details of the experiment.

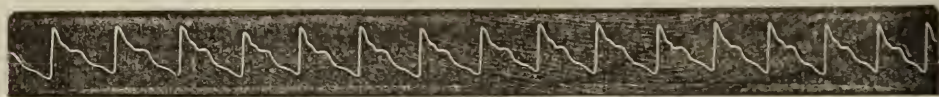


FIG. 1.— Standard tracing in health, taken twenty-three hours before the experiment.

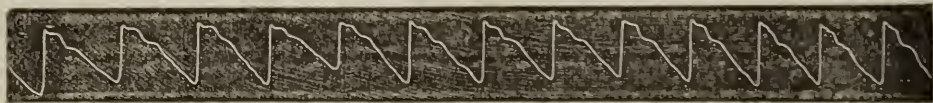


FIG. 2.— One hour and forty-five minutes after taking two drachms of Squibb's fluid extract of ergot.



FIG. 3.— Two hours and fifteen minutes after.



FIG. 4.—Two hours and thirty minutes after the first dose, and fifteen minutes after taking one drachm of ext. ergot.

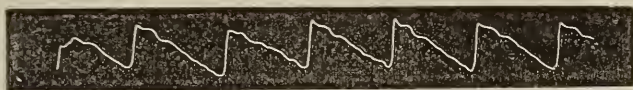


FIG. 5.—Two hours and forty-five minutes after first two dr.



FIG. 6.—Three hours after.

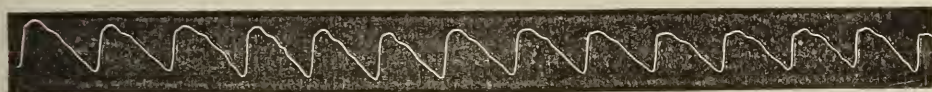


FIG. 7.—Eleven hours after.



FIG. 8.—Eighteen hours after.*

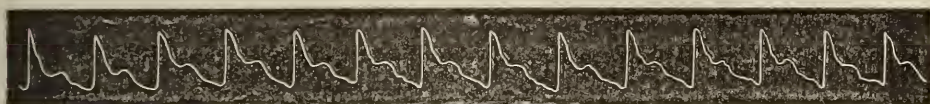


FIG. 9.—Thirty-nine hours and fifteen minutes after.

Cotton-root (*Gossypium herbaceum*) is the next drug in common use of this type of abortifacients. A druggist in extensive trade informed me that the sales of ext. cotton-wood had quadrupled in the last five years. It is purchased very extensively by small miscellaneous country merchants, who always have the extract among their stock of drugs. The use of cotton-wood and its extract is confined solely to its supposed emmenagogue and abortifacient powers. The operation of the drug as a parturifacient, which Dr. Shaw of Tennessee and

*There are intercurrent causes of the lessened value of the primary wave in this tracing. It is given here, as it distinctly shows the ergotic pulse.

others ascribe to it (*Jour. of Mat. Med.* iii., 31), indicates that it has a selective power over unstriped muscular fibres like the ergot. I have no experience with it. Physicians who have used it tell me it has no excito-motor power over the uterus; others whom I know say it has a marked influence over the expulsive action of the womb during labor.

Dr. Bouchelle drew attention to the properties of the cotton root in 1840, only as an emmenagogue however, and stated that the slaves of the South used it to produce abortion, which it did kindly, and without seriously affecting the general health. (*Loc. cit.*) Since that period the drug has been coming into more general popular use. It has seemed to work its way into general favor on its own merits. If it has any powers as an abortifacient the detection of its administration is difficult, with our knowledge of its peculiar action. If what we read of it is true, it makes great dynamic power under remarkable mildness of operation. In order to test any poisonous effect the drug may have when its use is pushed to extremes, I injected two and one-half drachms of Tilden's ext. under the skin of a dog three months old, weighing about three pounds and a half. The injections were in half-drachm doses, under the skin of the abdomen, at the following intervals: 10.43 A. M., 11.30 A. M., 12.45 M., 2 P. M., and at 5.15 P. M. The temperature of the rectum, taken just before the first injection, was 98.8° , and the respirations twenty-eight in a minute. The effects resulting were as follows: at 11.50 the temperature of the rectum was 99.4° , and the respirations thirty-six, and the dog appeared well and playful. At 1.45 P. M., temperature 101.6° , and the respirations forty-four, appearing drowsy, stiff in the hind legs, and the abdomen tender on pressure, which I ascribed to the punctures of the syr-

inge. At 2.10 P. M. breathing labored, condition otherwise unchanged. 3.30 P. M., lying down, disinclined to exertion, drowsy but not sleeping. 4.20 P. M., temperature 102.5° , respirations forty-eight, thirsty and uneasy, eyes dull and heavy, breathing labored. 6 P. M., sleeping soundly, with hard, long respirations, temperature 103.8° . 9 P. M., still sleeping, but on a smart shaking roused up and drank freely of water, great thirst. There has been no effect on the pupil at any time. The next morning, at 7 A. M., the dog was playful and eat a hearty breakfast, and appeared well during the day, the temperature having returned to 99.4° at noon. In the evening the little animal made his escape from my inhospitable office, — the result apparently of a carefully matured plan. I questioned a girl, who admitted its use in table-spoonful doses every two or three hours, with no effect, as she stated, except to cause her to sleep a great share of the time. She kept up the use of the drug — the extract was used — for over a week, and towards the latter part of her experiment she had headache, pain in the back, frequent desire to urinate, attended with burning pain.

I know of but one effect attending its administration which would lead us to suspect its use, — the operation of the drug as a narcotic when freely used. Pending a criminal abortion, when there is any degree of nervous disturbance, as there usually is, there is great sleeplessness. When there is also fear of detection there is a restless vigilance, which is naturally an enemy to sleep. If then the cotton was used freely, we would have a heavy, drowsy condition, hard to explain, especially as the subject would deny having taken any medicine, in all probability. It would be well, under such circumstances, to direct our attention to the general features of the case, surroundings, etc., to which I have

repeatedly referred. Owing to the extensive use of the drug among people criminally disposed it is important that it be more carefully studied.

Extract of cotton-wood responds to the following tests, and although rough in their character, still the tests are so ready of application that there would be little difficulty in detecting the extract in the contents of a suspicious bottle in the possession of the patient. Its detection is further simplified by the fact that the extract is used very rarely in combination with any other supposed abortifacient.

(a.) To a weak solution permanganate of potash ext. c. added guttatim turns to a light-brown color, and in ten or twelve hours throws down a brown flocculent precipitate.

(b.) Creosote added guttatim to dilute ext. c. forms a cloudy yellow solution, throwing down on adding water largely.

(c.) Ext. c., to which hydrochloric acid is added (gtt.), forms a pinkish solution.

(d.) Sulphate iron, strong solution, and ext. c. forms an inky solution, which clears up to a bright red on adding hydrochloric acid.

(e.) Solution sulphite soda and ext. c. forms a red solution, which clears up almost colorless on adding acetic acid.

(f.) Solution of sulphuret of potash and ext. c. forms a red solution, which, on the addition of sulphuric acid, causes a pinkish flocculence, which quickly separates into white below and red above, the white flocculence precipitating to the bottom of the test tube after an hour or two, the red suspended at the surface, an almost colorless fluid intervening.

These tests have been repeatedly verified. Various fluid extracts, especially those obtained from roots,

have been subjected to the same reagents and have failed to respond in like manner. The test (*f*) seemed to be the most characteristic. No other extract treated in the same manner gave a reaction at all liable to be mistaken for it.

I trust I may have the honor to present to the Society, at some future day, a concluding paper on the detection of administration of classes (*b*) and (*c*) of abortifacients.

THE RELATIONS OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.*

BY PROF. LEWIS MAYER, OF BERLIN. TRANSLATED BY GEORGE H. BIXBY, WITH
NOTES BY HORATIO R. STORER.

[*Communicated to the Society, and read May 3, 1870.*]

3. SCANTY MENSTRUATION. CHANGES IN QUALITY.

THE duration of scanty menstruation with short or protracted intervals, and also the changes in the quantity, or quality, is equally as capable of exciting mental disturbance as amenorrhœa.

The tables which I have kept, showing the frequency of this anomaly, are not extensive, nevertheless they are not without interest.

The cases of four thousand nine hundred and forty-two women were observed. Among these, there were four thousand five hundred and forty-two with a menstrual duration of eight days, or 26 per cent. Three hundred and eighty-two were irregular, and among the latter, there were one hundred and sixty-two, with a shortening in the duration of the menses.

* Continued from this Journal, August, 1871, p. 122.

No. of days' duration of the menses until shortening commenced.	NUMBER OF DAYS' DURATION OF THE MENSES AT COMMENCEMENT.									Sum.
	from 2	3	4	5	6	7	8	8—14	above 14	
1	2	7	2	2	1	....	2	.....	.....	16
2	.....	5	6	10	3	....	7	.....	.....	31
3	.....	....	5	2	11	2	22	5	.....	47
4	.....	....	....	3	3	....	19	4	.....	29
5	.....	....	....	....	6	2	13	2	1	24
6	.....	....	....	....	....	2	7	1	.....	10
7	.....	....	....	....	....	....	....	.....	.....	.....
8	.....	....	....	....	....	....	....	5	.....	5
Sum,	2	12	13	17	24	6	70	17	1	162

The figures at the head of the table indicate the duration of the catamenia at first appearance; those at the sides of the page, the time to shortening. It is evident that the cases of eight days' duration were much more frequent, namely, seventy. Among the latter there were twenty cases that shortened to three days.

The interval of the catamenia was noted in five thousand six hundred and seventy-one cases. Among these, four thousand nine hundred and eighty-one were regular, two hundred and ninety were irregular, and among the latter, the interval was abnormally long.

Weekly Prolongation of the Menses.	WEEKLY TYPE OF THE MENSES AT COMMENCEMENT.								
	1—2	2—3	3—4	4	4—6	6—8	2—6	2—8	Sum.
2—3	7	.....	.....	.....	.....	.....	.....	.....	7
3—4	3	2	.....	.....	.....	.....	.....	.....	5
4	11	18	7	.....	.....	.....	.....	.....	36
4—6	1	5	2	90	.....	.....	.....	.....	98
6—8	1	4	4	87	3	.....	.....	.....	99
2—6	.....	.....	.....	2	.....	.....	.....	.....	2
2—8	.....	.....	.....	13	2	.....	.....	.....	15
2 at or above 8	.....	2	2	20	1	1	.....	3	29
Sum,	23	31	15	212	6	1	.....	3	291

The relative causal relation of the above-mentioned anomalies of menstruation with mental disease does not differ materially from those of the climacteric, and hence do not require to be treated separately. From my own experience, I have noticed, among one hundred and twenty-nine insane women, twenty-five cases in which the relative dependence upon the above-mentioned anomalies of menstruation was unquestionable, and in twenty-one others, a change in the quantity of the menses was the exciting cause. Melancholy, with more or less derangement of the will and imagination, was present in twelve cases; melancholy, with suicidal mania, in three. The latter we quote from the appendix, as follows:—

CASE I. Mrs. W., a strong, healthy brunette, a native of and residing in one of the large towns of Saxony; had been depressed, listless, bashful, and for-

getful, and of a fickle disposition from her youth. Her countenance always wore an expression of the deepest anxiety. Since her sixth year, she had suffered from acute rheumatism, repeated attacks of hepatitis, from palpitation, and was always inclined to constipation. The menses first appeared at the eighteenth year every four weeks, very scanty for her size, and lasted but a few hours. The cessation of the same occurred between the ages of twenty and twenty-four, and was immediately followed by melancholy, with suicidal mania. The latter reappeared, when the mental troubles ceased entirely. She married in her twenty-sixth year; two years later she missed her courses, consequently considered herself pregnant; such, however, was not the case, for after six months the menses returned. This disappointment immediately induced a condition of melancholy with suicidal mania, in which condition she has subsequently remained. The patient consulted me, in her thirty-sixth year, in regard to the probability of her being pregnant. The menses had been absent some months. I found the abdomen swollen and sensitive, hemorrhoids, vaginitis, the uterus undeveloped, its cavity measuring but two inches, and its cervix bound down by adhesions.

CASE II. Miss —, a native of Berlin, of an earnest and morose disposition, although carefully reared, had been in the habit of masturbating since quite young. She had menstruated regularly since her sixteenth year; she was chlorotic, but upon the whole enjoyed fair health. During the thirteenth year she complained of severe pains in back and loins during the menstrual period, and at other times, accompanied by a sensation of dryness over the entire surface of the body. Later, melancholy and depression were developed, especially marked during menstruation. The memory was acute,

and the power of conductivity clear. She was in the habit of walking the floor for hours, wringing her hands, at the same time imploring relief or death. Her expressions were always that of the deepest despair. The following symptoms were present: abdomen distended, flabby condition of the external genitals, hypertrophy of clitoris and nymphæ, and large hemorrhoids. The hymen was intact, thickened, and cartilaginous, closing the orifice of the vagina to the size of a crow-quill. Upon examining the uterus by the rectum, it was found to be perceptibly enlarged and fixed by parametritic exudation. Considering the cause of her troubles to be uterine, and in order to extend the examination, the hymen was removed. Vaginal examination revealed extensive erosions of the cervix. The uterine cavity measured three inches. Repeated scarifications of the cervix, the local use of nitrate of silver, and the internal use of bromide of potash, exerted a most favorable effect upon the mind. Later, without any apparent cause, as is so often the case in the treatment of mental disease, the patient became suddenly worse. The mother, who had patiently watched over her, seldom, if ever, leaving her for a moment alone, for once left her to make arrangements for her removal to an institution; during her absence the poor girl destroyed herself by hanging.

CASE III. Mrs. X., native of Bernburg, was very unexpectedly informed that a near neighbor had committed suicide. She became immediately insane. She felt it her duty to inform every one of a terrible malady with which God had afflicted her; that she had foreknowledge of this suicide, etc. She declared, further, that while asleep a man had approached her bed, placed a string about her neck and drawn it tightly, whereupon

she screamed, awoke, and seized after the same, which she contended was still unremoved.

Farther progress in this case gave unmistakable evidence of a relative causal dependence of the mind with the diseases of the sexual organs. The patient was tall and lean, with an earnest expression of countenance. The pulse was slow. She was in the habit of moving about from place to place with her body bent forward; had been married eight years. The catamenia were regular, but always attended with pain in the back and loins. Three years before she had given birth with easy labor; since her illness; the menses had been scanty and pale, and lasted only a day or two. There was no particular aggravation of the nervous symptoms during menstruation. I found the following physical signs: healthy thoracic organs, a tender and distended condition of the abdomen, and hemorrhoids. The uterus was retroverted and sensitive, its cervix eroded. I ordered the application of leeches to the latter, and a few days later a properly fitting Hodge's pessary was introduced. The patient was immediately relieved of her depression and troublesome thoughts, and for the first time in four weeks she enjoys this freedom from her troubles for hours at a time. The patient is now in Berlin under treatment for uterine disease. At present she is free from all mental disturbances for days, and we are hopeful that a complete recovery will follow the cure of the uterine disease.

There was one case of dementia, and another of melancholy with dementia, from scanty menstruation.

CASE I. Mrs. —, aged thirty-eight, who had always enjoyed good health, had menstruated regularly every four weeks since her nineteenth year. Upon her twenty-second birthday she was attacked with acute metritis and muscular rheumatism. The

same had occurred upon the same day one year before. From this time she began to suffer from dyspeptic symptoms, dyspnœa, and strangury. The menses lessened and became thin and pale, lasting at the longest a single day, without much pain. Restlessness and anxiety soon followed, and finally developed into actual mental disease. When the patient consulted me, there were marked dulness of the comprehension and loss of memory. She forgot what she said or did a moment before, and answered questions in a most confused manner. She was as quiet and depressed now as she was bright and cheerful before her sickness. She suffered in her twenty-fourth year from a serous ophthalmia, which resulted in the loss of an eye. She had borne children, lived happily with her husband, and had been quite well. It was exceedingly difficult to determine the exact exciting cause of her troubles; it may have been a functional disturbance, for at each return of the menses the mental trouble became aggravated. The uterus was atrophied, its cavity measuring two inches. The treatment consisted of warm vaginal injections, and the use of iron and mild cathartics, without much result upon either the mental or physical ailments. — (*To be continued.*)

EDITORIAL NOTES.

THE GYNÆCOLOGICAL SOCIETY, upon more than one occasion, as will be recollected by those familiar with its published proceedings, has discussed and borne testimony to the great importance of recognizing general constitutional maladies, during the treatment of local disease. The value of the point indicated must be conceded in reference to every form whatever of individualized lesion, as of the heart, or brain, or kidneys, or lungs; but, in the case of the womb, to whose affections

there is an especial likelihood that an undue prominence may be given, to the neglect or exclusion of the influence of constitutional conditions, it has been too often lost sight of. This fact, to a certain extent, explains the apathy with which the claims of gynæcology have been viewed by so many intelligent general practitioners, and affords, so far, a fair excuse for the otherwise unaccountable way in which uterine cases are still permitted to suffer and grow worse for want of appropriate investigation.

We are inclined, at the present moment, to dwell a little upon a single illustration of the general law to which we have referred, and we attach the more importance to it from the conviction that even in New England it is of more causative weight than is usually supposed, to wit: the direct and indirect influence of malaria upon uterine disease. More than one member of the Society has already called its attention to this subject. Dr. Gerould, of Massillon, Ohio, has contributed carefully prepared papers on malarial menorrhagia and leucorrhœa, and Drs. Warren, Bixby, Dutton, and Martin, themselves victims of the toxæmia, have testified to the fact that in many portions of the West and South diseases of every nature must be treated as "plus malaria." Like these gentlemen, we ourselves can now speak, not from observation merely, but from personal experience as a patient.

In one of our last month's editorials, while enumerating various questions of medical interest we were studying upon the Pacific coast, we alluded to the prevalence of malarial disease west of the Sierra Nevada, and its appreciable existence, however masked, in the great occidental metropolis. Since writing the article referred to, much additional evidence of these facts has been afforded us, and we are satisfied that by calling the attention of the profession generally, even in supposed

non-malarious districts, to the importance of treating many forms of obscure or rebellious uterine disease as "plus malaria," we shall have done its members a service.

At the time of the present writing we have been in California nearly five months, and have had under observation quite a large series of uterine cases, from various portions of the coast, the patients having been resident here for varying periods of time. Almost without exception, these cases have resembled, constitutionally, those we have been in the habit of seeing from the river and lake districts of our eastern West, and from the South. In almost all of them the symptoms have been complicated by paroxysmal febrile disturbance, of an intermittent or remittent type; in almost all the pelvic functions have been interfered with in one or another way by what has vaguely been termed "climatic" influences, while symptoms that otherwise would have attracted attention have been masked or otherwise changed in character.

We have stated that even in San Francisco these conditions are observed. Many of the physicians here aver, as we ourselves have been in the habit, perhaps erroneously, of saying of New England, that every malarial case must necessarily have been imported from outside its limits. This, however, after careful study of the locality and of the cases constantly coming under observation, we believe to be an error. Dr. Shorb has shown, in the admirable series of papers upon the miasmatic diseases of California,* to which we referred in last month's Journal, that what has been thought to be purely paludal poison confines itself to no locality, but is manifest alike by the river and sea, and in mountainous regions as well as in the vale and campagna.

Outside of San Francisco the existence of malaria is generally conceded, and its symptoms in these localities

* California Medical Gazette, July, 1868, p. 5.

being usually sufficiently unmistakable, there is not the risk, in uterine cases, of their escaping due appreciation that there is here in the city. In San Francisco, upon the other hand, from various causes to which we may allude at another time, there has been a tendency on the part of medical men to ignore alike the importance and very existence even of uterine disease,—though by some, it is true, its frequency seems to have been overstated,—and the importance and very existence even of malaria as an exacerbating or masking influence.

There is reason, however, to believe that in the near future, such are the intelligent activity of the State and City Boards of Health, the possibilities of the situation and the public spirit and energy of this people, San Francisco may be made, in respect to malaria as to many other sources of disease, the healthiest city of its size upon the continent. Though in as low a latitude as Richmond, and surrounded on three sides, within an afternoon's ride, by a zone of more than torrid heat, this city retains throughout the summer the October and November climate of Boston,—thanks to the draughts of ocean wind constantly pouring in through the narrow Golden Gate to supply the place of the heated currents sent upwards from hundreds upon hundreds of miles of plain. Its abruptly broken surface, the grade of some of its streets being still, despite much levelling, not very far from perpendicular, affords excellent facilities for drainage ; and when, by the tunnel through the Sierra, already commenced, the waters of Lake Tahoe shall have been brought in from the State of Nevada, making it easy not merely to irrigate the Great Sea-side Garden that is to rival Central Park, and every door-yard in the city, but to daily flush its sewers through the rainless season, then will San Francisco have become, even more than it is at present, the beautiful city of flowers and the refuge of the frail and delicate from every land.

Meantime it is easily possible to accomplish the latter of these ends by resorting to the expedient proposed to the city authorities by Dr. Arthur Stout, who thus speaks of raising salt water from the bay into reservoirs of sufficient size and altitude for the purpose : "How joyfully will the San Franciscans assemble to celebrate the day when the powers that wield the strength of the city shall invite them to witness the first flush of the sewers on the rational system ! Hercules cleansed the Augean stable, which baffled all other skill, in a single day ; but the record does not state the time, money, and men Hercules employed to canal the mountain lake or divert the river from its course, and to prepare his mechanism for the given day when he suddenly let on the waters and flushed the stalls."

Boards of Health, both East and West, will be pretty sure to find, in well-washed and safely-trapped sewers, the surest of protections against low forms of malarial fever as well as typhoid. If conjoined with subsoil drainage of all moist lands by porous tile, of whose advantage not half enough has ever been said by medical men, the protection would be well-nigh perfect ; and should Dr. Bowditch be correct in his views of the causation of consumption, this scourge, too, would be almost overcome.

WE HAVE READ with lively interest, in a Boston Sunday newspaper, for Sept. 17, 1871, an editorial entitled "*The Crime of Abortion.*" We heartily commend it for its truthfulness, boldness, and for the clear and comprehensive manner in which the editor has treated the subject. The Gynæcological Society, upon many occasions, as may be seen by referring to its transactions, has discussed, with marked earnestness, the evils of this deplorable crime of the period. Individually and collectively have its members placed themselves with

those who deplore and condemn it, and have pledged themselves, by every possible means or influence they possess, to its suppression. In this missionary work, the editor very sensibly remarks, that "much can be done by the Press." We agree fully with him, that "the *press* hesitates to criticise it, because of a false modesty, which makes the discussion of a crime, and the means to prevent it, worse than the crime itself," and also "that the time has come when silence can no longer be excused."

A free discussion of this subject by every respectable journal in the land, would, we believe, carry conviction into many, many hearts, and save to the world innumerable precious lives, and untold moral and physical pangs. But what would be the use of free discussion, and such united action as that suggested in the noble sentiment of the editorial in question, when over against it in the same issue, or perhaps in a more conspicuous column, there appear the flaming announcements of notorious quacks and abortionists, or long lists of lauded nostrums, with their insidious cautions to women, in italics, against "their use by ladies in an interesting condition" ?

Is the press intended for public weal or public woe? According to our observation in nine-tenths of the cases of criminal abortion, so often resulting in the death of both mother and child, the poor victim has found her information in the columns of some respectable newspaper.

When we consider the extent of this crying evil, the very thought is appalling. We cannot serve God and mammon. We doubt the efficacy of the prayer of "Good God and Good Devil." No, gentlemen of the press, either lend us your powerful influence, undivided and unalloyed, in this humane, ennobling, Christianizing work, — an object worthy of the highest aspiration of the human soul, — or forever hold your peace. — G. H. B.

THE JOURNAL

OF THE

GYNÆCOLOGICAL SOCIETY OF BOSTON.

VOL. V.] NOVEMBER, 1871. [No. 5.

PROCEEDINGS OF THE SOCIETY.

[*Reported by George H. Bixby, Secretary pro tem.*]

FIFTY-SIXTH REGULAR MEETING, APRIL 18, 1871.

THE fifty-sixth regular meeting of the Society was held on the evening of April 18, 1871, at Hotel Pelham, the President in the chair. Present, Drs. Lewis, Warner, Perkins, Dutton, Greeley, and Bixby; also, by invitation, Dr. David Terry, of Trenton, N. Y.

The records of the last meeting were read and accepted.

The Secretary read a letter from Dr. Winckel, Professor of the University of Rostock, acknowledging his election as a Corresponding Member, with a *carte de visite* of himself enclosed.

The following donations to the Library were announced: from Dr. Winckel, of Rostock, two memoirs by himself, as follows: The different Methods of Treatment of Uterine Hemorrhage; Vegetable Parasites in the Vagina during Pregnancy; also, from the same gentleman, the Transactions of the Obstetrical Society of Berlin, session of Oct. 14, 1852; from Dr. Richard H.

Entered, according to act of Congress, in the year 1871, by HORATIO R. STORER, M. D.,
in the Office of the Librarian of Congress at Washington.

Derby, of Boston, late Assistant Surgeon of Professor Von Græfe's clinic, at Berlin, his monograph upon Color-Blindness, and its Acquisition through the Abuse of Alcohol and Tobacco; from Dr. George Johnston, Fellow of King and Queen's College of Physicians, and Master of the Rotunda Lying-in-Hospital, at Dublin, the Clinical Report of the Rotunda Lying-in-Hospital for the year ending Nov. 5, 1870.

RETRO-UTERINE HÆMATOCELE.

Dr. Bixby related some points connected with a somewhat rare and interesting case of Retro-Uterine Hæmatocele, occurring in a married woman, a multipara, aged twenty-seven, who had come under his observation during the past week, while relieving Dr. Warner, at St. Elizabeth's Hospital for women. The patient was sent to the institution by Dr. Doe, of this city, who had, doubtless, recognized it as a case requiring special treatment.

[Dr. Bixby's communication was published in this Journal for September, 1871.]

Dr. Warner referred to a case of retro-uterine hæmatocele he had reported to the Society, occurring in a former patient of Dr. Thaxter, of South Boston.*

Dr. Dutton had always supposed that the tendency in hæmatocele was to absorption rather than to suppuration.

Dr. Warner did not agree with Dr. Dutton's views upon the subject, and believed he was supported by nine-tenths of the members of the profession.

Dr. Dutton reiterated his views, and declared himself determined to stand by them, Dr. Warner's opinion and that of nine-tenths of the profession notwithstanding.

Dr. Dutton further stated that he thought it gen-

* See this Journal.

erally understood that suppuration was the distinctive sign between hæmatocele and pelvic abscess.

Dr. Bixby said that he had consulted most of the authorities upon this subject; the highest of whom was, in his opinion, Dr. Nelaton, who, at least, in the majority of cases, does not believe in the suppurative tendency of retro-uterine hæmatocele. In the earlier part of his professional life he had tapped these tumors, but more recently he became converted to quite the opposite opinion, and seldom, if ever, did so, excepting in cases with the most urgent symptoms.

Dr. Bixby agreed fully with Dr. Dutton, so far as he had observed the subject either in his own or in the practice of others. In support of the principle now inculcated by Dr. Nelaton, he had seen two cases of hæmatocele of the testicle; one case in the service of Dr. Velpeau, at Hospital Charité, Paris, in 1860; hydrocele was present in the other testicle; both tumors were of long standing. The other case was that of a gentleman over sixty, which he had seen in his own practice in 1866. In the latter the tumor had existed several years without undergoing any particular change. These cases seemed to him more or less analogous with retro-uterine hæmatocele, for in both effusion of blood takes place in cellular tissue, and in the vicinity of the peritoneal membrane.

TUBERCULAR NEPHRITIS OF BOTH KIDNEYS.

The Secretary read a communication from Dr. John Lambert, of Salem, Washington Co., N. Y., entitled, Tubercular Nephritis of both Kidneys, resulting in Abscess, accompanied by two beautiful photographs of the morbid specimens.

[Dr. Lambert's communication was published in this Journal for June, 1871.]

The President, Dr. Lewis, asked if the case just read, occurring in the male, could be considered as strictly under the head of gynæcology.

Dr. Warner thought although this particular case, from the fact of its occurring in the male, could not be considered as coming strictly under the head of gynæcology, was nevertheless exceedingly important and instructive to gentlemen pursuing this specialty, from the fact that the disease attended with almost the same symptoms, had, and might occur again, in the female. He considered it particularly interesting to the gynæcologist, in the differential diagnosis of abdominal tumor.

Dr. Bixby, in corroboration of Dr. Warner's remarks, called the attention of the Society to a case, in many respects very similar, occurring in a female, in which the kidney had degenerated into an enormous abscess, which contained not less than five quarts of pus. The case had been reported to the Society, and the pathological specimen exhibited by Dr. Storer, by whom the operation had been performed. There were, certainly, many points analogous in the history and issue of the two cases.

Deep quill sutures applied in amputation of the thigh, as suggested by Dr. Storer, in removal of the mamma, free use of carbolic acid, and exposure of the wound to the air.

Dr. Bixby exhibited to the Society a specimen of ununited fracture of the femur, of twelve months' standing, which occurred in a woman aged sixty, for which he had amputated at the lower third; he desired to apologize to the Society for presenting such an un-gynæcological subject, but there were many points connected with the operation, which are as important to the gynæcologist as to the general surgeon; namely,

previous to the operation the atmosphere of the room was impregnated with the fumes of carbolic acid by means of an atomizer. All the water used during the operation was slightly carbolized. The wound was allowed to remain open, exposed to the air for at least an hour before closing. At Dr. H. R. Storer's suggestion, deep-seated quill sutures were employed. Three large-size silver-wire sutures were inserted double, by means of a hollow needle, at equal distances apart; while an assistant compressed the tissues of the flap with both hands, the anterior extremities of the wire were tightly drawn and twisted around a piece of wood the size and length of a common pen-holder. The posterior extremities were held by the loops, made by doubling the wire, with similar pencils passed through them. The wound healed by first intention. There was little, or he ought rather to say, not the slightest constitutional disturbance, the temperature of the limb, and the pulse, remaining quite normal. It was now two weeks since the operation, and the wound was thoroughly healed. The patient slept and ate well, and to all intents and purposes was, if anything, in better condition than before the operation.

Subsequent to the operation, Dr. B. had obtained from Dr. Cushing, of this city, the following previous history of the case: A terrific explosion took place in the patient's kitchen stove, breaking the same into many pieces, which were thrown with great force in all directions. The patient was struck by several of the fragments, and sustained thereby the following injuries: Compound fracture of the left femur; fracture of the tibia of the same leg; fracture of a metacarpal bone of the right hand, and several contused wounds in different parts of the body.

Her injuries confined her to her bed twelve months. During this time she suffered from a large exhausting

abscess near the wound, from repeated symptoms of septicæmia, and had been transported to and from both of the General Hospitals. Considering these depressing influences, it was to him a wonder that the patient should have retained sufficient vitality to make the speedy and perfect recovery that she did.

Dr. B. further stated that the longer he practised surgery, the more confidence he had in the *Vis Medicatrix Naturæ*, but he was inclined to attribute this remarkable result to the three following means employed: First, exposure of the wound till glazing; second, free use of carbolic acid; third, and mainly, to the immediate coaptation of the deep surfaces of the extensive wound by the use of the quill suture, which favored, as he believed, *an immediate and complete* agglutination of the tissues, and thus obviated every possible danger of suppuration and its disastrous consequences. Of the latter fact he was fully convinced by attempting in vain some days after the operation to remove the ligature from the extremity of the femoral artery.

Dr. B. hoped this great lesson would not be lost upon the profession; for his part, he should always employ quill sutures whenever the subject of the coaptation of deep tissues was in question. This was the first time he had seen the idea applied to amputations. It was his opinion, from his personal experience during our late war, that many lives might have been saved had this method been employed.*

STARCH AS A VEHICLE FOR INJECTIONS.

Dr. Bixby presented a new vehicle for the consideration of the Society, — so far as he was aware, — for vaginal injections, namely, common starch. In the East and West Indies, where the arrow-root is indigenous, — a tu-

* For Dr. Storer's article upon this subject, see this Journal, November, 1870, p. 291.

ber from which starch is made,—this material is extensively used for children's food, and also for soothing nutriment and drink, in the severe intestinal troubles of those countries.

It was Dr. Trousseau who was led to the use of the balsams internally, from their beneficial use when applied externally; he had, vice versâ, conceived of the external efficacy of starch, from its beneficial effects when taken internally. The idea, however, was first suggested to him by the extensive use he saw made of this material in Paris, by Prof. Hardy, the eminent French dermatologist, in the treatment of skin affections, especially in children, in the form of baths, poultices, etc. Dr. Bixby considered that it possessed other important qualifications than those of cleaning, soothing, and healing, namely, it was always at hand, was cheap, and within the reach of the humblest, when gum Arabic, linseed, or elm could not, from the expense or other reasons, be obtained, or employed for any length of time.

Dr. Warner asked Dr. Bixby in what proportions he used the starch.

Dr. Bixby said that to patients his formula was the following: To one half pint of thin boiled starch add one-half teaspoonful of pulverized chlorate of potash, and three or four teaspoonfuls of glycerine. Use, by injection, every night upon retiring; twice per day in urgent cases. Dr. Bixby stated further, in regard to starch, that he used it in nasal douches, injections of the ear or bladder, and in chronic affections of the rectum. Sulph. of zinc, acetate of lead, or any other astringent, was often used by him instead of the chlorate of potash.

Dr. Greeley was under the impression that Dr. Thomas had referred to the use of starch.

Adjourned.

FIFTY-SEVENTH REGULAR MEETING, MAY 2, 1871.

The fifty-seventh regular meeting of the Society was held on the evening of May 2, 1871, at Hotel Pelham. Present, Drs. Wheeler, Warner, Martin, Dutton, Dow, Weston, and Bixby. In the absence of the President, Dr. Warner was chosen President pro tem. The records of the last meeting were read and accepted.

Dr. Wheeler exhibited a specimen of

HYDRONEPHROSIS.

Dr. W. stated that the gentlemen, doubtless, remembered this case. It had been operated upon by Dr. Storer, some weeks since, and a full history of the case had been reported to the Society by himself at a late meeting.*

The last week of the patient's life she continued about the same as was reported at a previous meeting, namely, there was a gradual refilling of the cyst, and, at intervals, the discharge of thin pus through the drainage tube. There was more or less constitutional irritation, doubtless an evidence of blood-poisoning; also vomiting and diarrhœa. She was restless and wakeful, necessitating the use of chloral and opiates. Six weeks from the time of the exploratory section the patient died. Autopsy, twenty hours after death, revealed the following: general emaciation, abdomen distended; on section, the uterus and ovaries healthy; the left kidney distended into an enormous cyst, resembling in shape the human stomach. The cyst was removed intact, and was found to contain seven quarts of thin, yellow, inodorous pus. The empty sac measured twelve inches in length by nine in breadth. Upon the side, and

* See this Journal, Oct., 1871, p. 199.

at a short space from its superior extremity, there presented a distinct sac about three inches in diameter, apparently attached by a pedicle to the larger one. Upon opening the same, a natural foramen, the size of a pencil, was found, which communicated with the large cyst.

This condition of things accounted for the difficulty experienced with the use of the canula, referred to at a previous meeting; for the auricular opening, during the collapse of the large cyst, formed a valve, which prevented the complete emptying of its contents.

The right kidney was slightly hypertrophied, but apparently healthy.

The Secretary exhibited to the Society, in behalf of Messrs. William B. Snyder & Co., of Bridgeport, Conn., a

NEW VAGINAL SHOWERING SYRINGE.

The instrument was made of metal, nickel-plated. It consists of a funnel-shaped cup, which guards the superior extremity and through which passes a hollow tube, two inches long by a quarter of an inch in diameter. At its upper extremity there is attached a nut for coupling to a syringe; at its inferior extremity this tube divides into four round hollow branches, three inches in length, one-sixteenth of an inch in diameter and three-quarters of an inch apart, perforated on their inner surface. These latter, by a gentle curve, terminate in a hollow ball, also perforated, one-quarter of an inch in diameter. It could be adjusted to a Davidson, or the Fountain, syringe.

It is claimed for the instrument, by its manufacturer, that by dilating the vagina so completely as it does, every portion of that canal is reached by the fluid injected. The inventor had shown it to Dr. Storer at Washington, last year, and it had received his approval.

Dr. Warner thought the instrument a good one, and that it fulfilled all the indications of a vaginal syringe.

Dr. Bixby said that he had tried the instrument; and could unhesitatingly say, that this form of extremity was the best for a vaginal syringe that he had seen; in fact, for its purpose, it was perfect, and if used with the fountain syringe nothing could be more complete.

Dr. Martin asked Dr. Bixby if the small perforations of the instrument would not render its cleaning difficult.

Dr. Bixby stated that such had been his opinion upon first seeing it; but upon experimenting with it he was astonished at the copiousness of the flow. He thought the small apertures increased the force of the stream, which, in his opinion, was an advantage.

Dr. Bixby exhibited to the Society, in behalf of Messrs. S. C. Bixby & Co., 13 Water Street, Boston, several specimens of California wines. Lest, from the similarity of name, he might be suspected of being an interested party, he wished to inform the members, that the persons above mentioned, doubtless honorable men, were no relations of his own, so far as he knew.

The wines exhibited were port, sherry, champagne, and brandy.

Dr. Warner thought the brandy especially good.

Dr. Bixby stated that he believed in encouraging domestic manufacture.

The gentlemen assured him that these were all pure liquors. If so, it was certainly a matter of considerable importance to the profession, since the price is more than one-half less than that of imported wines of equal quality.

Dr. Martin exhibited an instrument of considerable complication, called the

SPRING LIGATOR,

to which he had alluded at a previous meeting. The instrument consists essentially of a rigid steel spring, acting on a loop of wire, and is primarily the invention of a Maine surgeon, whose name Dr. Martin had forgotten.* Prof. W. W. Greene had improved and developed the invention, and given the profession a full and illustrated account of it in the issue of the "Boston Medical and Surgical Journal," for March 4th of the current year. The inventor had used the instrument in its original very simple form, for the strangulation and removal of pedunculated fibroids and other polypi of the uterus. Dr. Greene had thought the principle applicable to the treatment of the pedicle of ovarian tumors, and had ingeniously adapted it to the ligature of both single and double ovarian pedicles. In the article referred to, Dr. Greene had narrated a case of cystic disease of one of the ovaries, in which he had employed his instrument. The case, a very unfavorable one, sank in something over sixty hours. On post-mortem examination, it was found that the pedicle, one of moderate thickness, was nearly divided by the loop of platinum wire attached to the spring, and a very noticeable thing was, that the two divided surfaces had firmly united, behind the wire, by first intention. This union of tissues divided by a wire ligature, acted upon continuously by a spring, was, as Dr. Martin had remarked on a previous occasion, corroborated by facts within his own observation. It seemed to Dr. Greene, that if such a result was to be depended on, a ligature so applied would divide an ovarian pedicle in less than three days, and come away, leaving the pedicle precisely as divided beyond the ligature by the knife of the surgeon; but with all its vessels occluded,

* Dr. Hill, of Augusta. — [Eds.]

exactly as happens after the use of Spier's artery constrictor; the wound being entirely closed, and no decomposing portion of the pedicle left in the abdominal cavity, a point would be gained in the treatment, particularly of those pedicles too short to be fastened by a clamp outside the abdomen, or between the lips of the wound, as by the method of Dr. Storer. This opinion of Prof. Greene's had, after a good deal of consideration, been adopted by Dr. Martin, and he had determined, if a fitting case should present itself to him, that he would employ Dr. Greene's instrument. Such a case had recently occurred in Dr. Martin's practice. The patient, aged forty-seven, unmarried, had first noticed an enlargement of the abdomen about one year before; within the previous five months its increase had been extremely rapid; her case had been treated in Baltimore as one of hepatic disease and consecutive dropsy. Dr. Martin saw the case and diagnosticated a very large tumor of the left ovary (the first apparent enlargement having been distinctly and entirely on that side), undoubtedly cystic, and probably consisting mainly or entirely of a very large cyst. Dr. H. R. Storer saw the case afterwards, and confirmed his diagnosis, and recommended an immediate operation, in view of the great size and extremely rapid growth of the tumor. In performing the operation, the tumor was found to be of the right side, the ovary having, at a very early period of its development, somehow swung over into the left iliac fossa, before any symptoms or change in appearance attracted the patient's attention to it.

It was found to consist of a large cyst; this constituted about half its bulk, the total weight being over seventy pounds. The remainder was composed of an immense multitude of cysts, from the capacity of two or three pounds to an almost microscopic minuteness. The whole

anterior surface of the tumor was found adherent to the abdominal wall. These adhesions were easily broken down by the hand, but were very extensive. There were no other adhesions. It was found impossible to break down the cysts so completely as to extract through a small wound, and it was found necessary to enlarge the incision, from the pubes nearly to the ensiform cartilage. When the tumor was turned out, a pedicle, of about five-eighths of an inch by half a inch, was found, and the spring ligator was applied to it, agreeably to Dr. Greene's instructions. The spring was screwed down so as to act on the platinum wire ligature with great force.

It was not Dr. Martin's intention to give any detailed account of the case, which sank from septicæmia on the seventh day after the operation, great hopes of recovery having been felt by all who knew about it, till within thirty hours of death. It was Dr. Martin's opinion that the case resulted inauspiciously from hemorrhage and suppuration from the site of the extensive adhesions, and an unsatisfactory condition of the omentum, and consequent decomposing debris in the abdominal cavity, quite sufficient to induce fatal blood-poisoning, although every possible effort was made to remove and wash away these matters by repeated use of weak, tepid, aqueous carbolized solutions, injected and withdrawn by means of India-rubber tubing attached to a Davidson's syringe. What he particularly wished to state was, that, although the spring was adjusted to act with all possible force on the wire loop, the latter did *not* divide the pedicle and come away till the latter part of the sixth day after the operation. In this respect, therefore, — a most vital one, — the instrument had entirely disappointed him, and he should never again employ it in ligating the ovarian pedicle, except possibly in some case where it

was extremely short, and the choice lay between the ligator and the ordinary ligature, to which he could have no doubt that it was preferable in such a possible case. Dr. Martin had the highest respect for Dr. Greene, with whom his only acquaintance was through his very creditable writings, but considered it his duty to state this case, and his belief that there is a very wide difference in the structure, vascularity, and other characters of ovarian pedicles, and that Dr. Greene's instrument was not to be relied upon to divide *all* pedicles in the short time that Dr. Greene had noticed, and that all hopes based on the expectation of such results — of division and subsequent union — were liable to disappointment. Dr. Martin still considered the instrument admirably adapted to the treatment of certain vaginal, uterine, and intra-uterine growths, and, possibly, of other cases. In a limited autopsy, in Dr. Martin's case, the pedicle was found to have been divided by the wire; there had been no hemorrhage whatever from the stump, nor had there been any such reunion of divided surfaces as seen in Dr. Greene's case.

Dr. Martin had felt, and did feel, a natural regret, in view of the event of his case, that he had not adhered to old and often tested methods. He, however, was well satisfied that death resulted from causes independent of the use of the new apparatus, and, if his employment of it should be criticised, could console himself with the reflection, that exactly similar criticisms have been and are the meed of every one who, particularly in surgery, essays any new method or essential variation of an old one. Dr. Wells' external clamp was loudly assailed as an innovation and experiment by the very same class of critics who now brand every variation from that method by the same term of obloquy. Adjourned.

RETROVERSION OF THE UTERUS.*

BY EPHRAIM CUTTER, WOBURN.

[Communicated to the Society, Nov. 15, 1870.]

II.

Retroflexion, Fig. VII. — In this displacement the uterus is bent backwards upon its longitudinal axis, the cervical portion being in the natural position. There is a varying degree of prolapsus. A digital examination

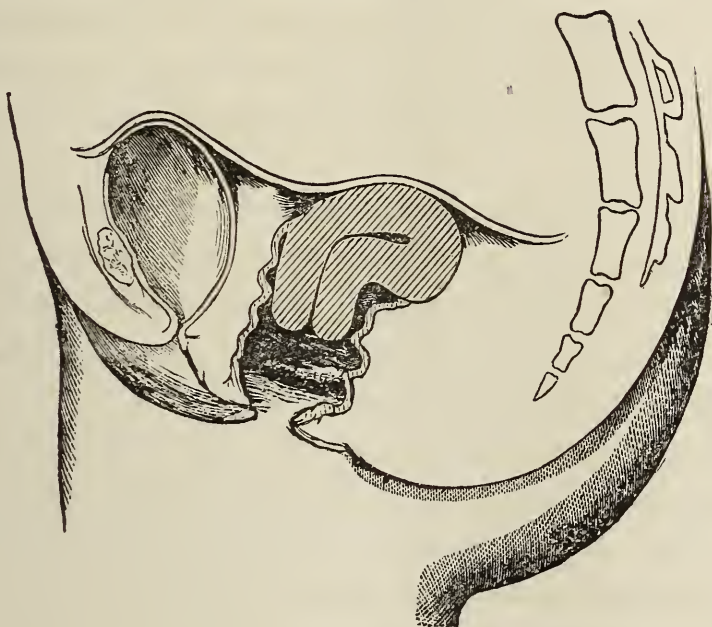


FIG. VII.

finds there a vaginal dome of continuous hardness extending backwards from the os. The rounded fundus is felt towards the sacrum. Somewhere between the fundus and os is felt the angle of flexion. The post. utero-vaginal cul-de-sac is absent. Sometimes the flexion is complete, the uterus being doubled on itself, so that fundus and os are side by side. Sometimes it is slight. The finger can easily trace the uterine direction by following along the posterior surface, and

* Continued from the September No., page 188.

reveals the amount of deviation better than anything else. The point of bending is not constant. It may exist anywhere from a point half an inch from the os to three-quarters of an inch from the fundus. The diagnosis should be confirmed by the uterine sound, and should not be confounded with other disease. Unless the sound is bent to a considerable angle, and the handle be carried far out in front between the thighs, it will be found difficult to introduce it. The degree of fixation of the uterus can be determined by the attempt to introduce the sound and elevate the uterus to its normal site. The indications of treatment are to remove the flexion, to restore the uterus to its place, and to maintain it there.

The first two indications are met by the use of the sound. The third by taking a measure of the posterior vaginal wall with the vaginal sound, selecting a loop or T pessary half an inch larger in size, and applying it in the mode described under retroversion.

Sometimes the uterus is elastic like India-rubber, so that after the flexion is reduced, and the sound withdrawn, the organ becomes almost immediately bent back again as before. In these cases the most evident means of prevention would be to keep the sound in the womb all the time! This being out of the question, the

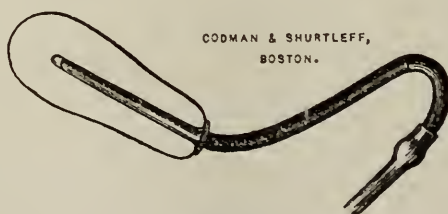


FIG. VIII.

writer has adapted a stem to his pessary, Fig. VIII., and introduced it in place of the sound. This mechanically straightens. As is seen in the cut this stem pes-

sary differs from the ordinary intra-vaginal stem by being attached to and continuous with the T pessary already described, only that the cylinder is shorter. The vaginometry for a stem is accomplished by the uterine sound. When the retroflexed womb is straightened and replaced, the length and diameter of the uterine cavity and outlet is noted. Next the distance from the os to the perineum is also noted. Some idea of the perineal thickness should be gained by palpation. A pessary should be selected which has a stem half an inch shorter than the uterine cavity, and corresponding in size to its transverse diameter. The cylinder of the pessary should correspond in length to the measured distance from the os to the perineum. The curve of the hook should correspond with, and be a little larger than, the curve of the perineum.

Application. — Immediately on withdrawing the uterine sound the stem should be passed up over the finger to the os and introduced by gently pushing upwards. Suppose the case one of those perverse ones that bends back immediately on the removal of the sound, the stem will not enter, Fig. IX. The plan is then, leaving

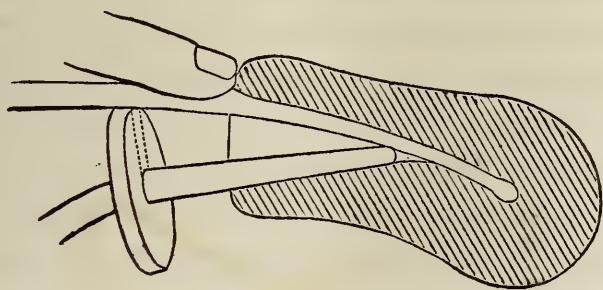


FIG. IX.

the uterine sound in the womb, to pass the stem in by its side as far as it will go without injury; then, as the sound is withdrawn, advance the stem into place. This with me has not yet failed of success. Should it

do so, I would suggest cutting a slot into the disc of the pessary, in front, so that the sound and the stem come in contact and avoid the stretching which occurs in the other case. [Vide dotted lines on Fig. IX.]

If thought advisable the stem of the pessary may be curved like the uterine sound.

After the stem has been applied and sufficient time has elapsed for the irritation of the exploration and application to subside (which generally lasts a few hours), *if the signs continue the instrument should be removed* by the patient, and applied again at a subsequent time by the physician, until satisfied it cannot be borne, and then the treatment should be dropped and iodoform or morphia applied to the internal surface of the womb as a sedative.

Theoretically this stem pessary is the most perfect of the set. It runs in the direction of the long axes of vagina and uterus. It takes the least room, and allows of almost complete transverse contraction of the vaginal walls. The writer is well aware that there is a great aversion to stem pessaries, on the part of the profession, from the fact that they are liable to cause great trouble by mechanical irritation. For some years he was afraid to use stems at all. In 1862, during a visit to Edinburgh, he was made acquainted with the galvanic pessary of Simpson, by his now distinguished nephew and successor. This is employed in cases of amenorrhœa, and consists of a stem half of copper and half of zinc, terminated by an oval bulb, to prevent too deep penetration. I was assured of its being worn for weeks without trouble. On my return to this country I tested it, and found no trouble likewise. I reasoned that if a stem constantly irritating by galvanism could be borne, why not a stem of hard rubber, which is one of the most unirritating substances known? I have seen my

stem pessary worn for months with comfort and no trouble. Some cases do tolerate the stem well. It cannot be told beforehand who will tolerate. It is a matter of experiment, legitimate experiment, as the instrument is so mechanically correct.

An incautious and careless physician, who will not be attentive and painstaking, should never attempt to use a stem, or any other pessary. Indeed, he should never practise medicine or surgery. Such a one has no right to interfere with sickness or disease.

But intelligent, prompt, judicious, and observing physicians may, I think, approach the use of the stem pessary without fear of injury. I have had cases where the uterus would expand and swallow up the instrument, and I have also observed the fundus to bend over the end of the stem; but these directions will obviate any serious trouble. *If there is discomfort, something must be wrong, and the stem should be removed.*

It is a question, in my mind, whether some cases of flexion may not be caused by a want of muscular tone of the convex uterine wall, thus losing its antagonism to its opposite side, and being pulled out of shape. The uterus is mainly a muscular organ, not unlike the heart. The heart has powerful and symmetrical contractions. Does not the unimpregnated uterus have the power of contraction? Put a sound into one, and how often we find it expelled into the vagina when we let go our hold. The query would be, whether if constant, or broken currents of electricity were applied to the convex side, tone and contraction to normal shape might not follow? Fig. X. is an instrument suggestive for this purpose.

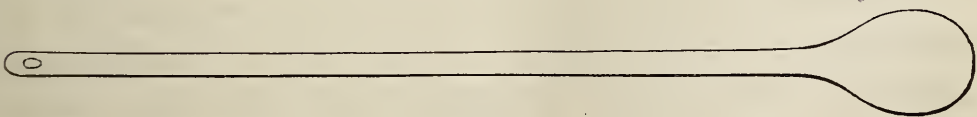


FIG. X.

Retroflexion and version combined. Fig. XI.—It is common to find this combination. It is more difficult

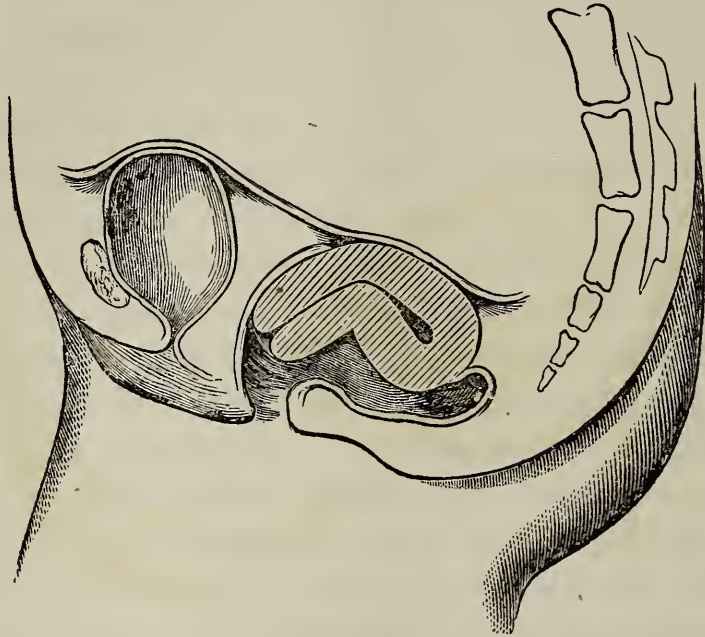


FIG. XI.

to treat, but the principles and procedures are the same as indicated in the disconnected varieties.

Anteversion is an abnormal condition of the womb, in which it is displaced forwards without bending its long axis; it is the reverse of retroversion. The fundus is turned forward and rests on the bladder, compressing it antero-posteriorly, and causing, generally, symptoms of vesical and urethral irritation. The os points backward into the concavity of the sacrum. The finger passed into the vagina, comes in contact with a flat, hardish body, forming the ceiling of the vaginal cavity. This is the anterior surface of the uterus. There is no anterior or posterior utero-vaginal cul-de-sac, both being obliterated by the mal-position.

Fig. XII.—The vaginal diameters are reversed, as in retroversion. The uterine sound can be introduced only by bending the extremity and concavity down-

ward, placing the handle behind the thighs. Sometimes it is necessary to pull down the os. Care should be taken not to confound any other disease with this dis-

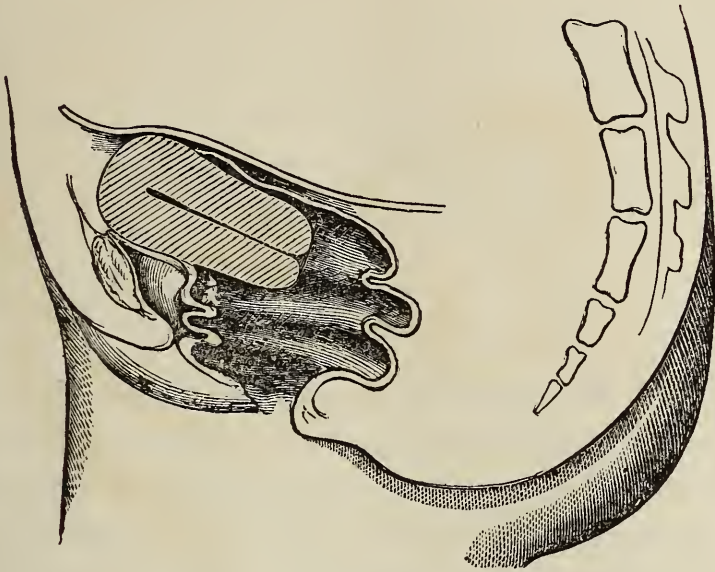


FIG. XII.

placement. The treatment consists in the replacement by the uterine sound, and holding it there; then by some physical means to keep the vagina extended in its long diameter, and support the uterus in the anterior cul-de-sac, allowing the contraction of the transverse vaginal fibres. It must be remembered that the uterus is naturally inclined forward; hence the supporting agent must rest in the anterior cul-de-sac without pushing the womb up so far as to push it over backward, or beyond the line of normal inclination forward.

To do this I have relied upon the retroversion loop or T pessaries, modified so as to have the loop bent forward, or the bar of the T reversed so that its concavity looks backward.

Anteversion loop pessary, Fig. XIII.—Having properly diagnosticated the case, in order to select a properly fitting pessary, it is advised to measure for it, by ascer-

taining the distance from the anterior cul-de-sac to the perineum. This is done by means of the vaginal sound,



FIG. XIII.

or vaginometer, exactly described under the head of retroversion vaginometry, only that of course the vaginal sound is reversed backwards, so that the concavity of the terminal bar fits the convexity of the anterior surface of the uterus. Select a pessary half an inch longer than the measurement obtained.

Anteversion T pessary, Fig. XIV.—The same general

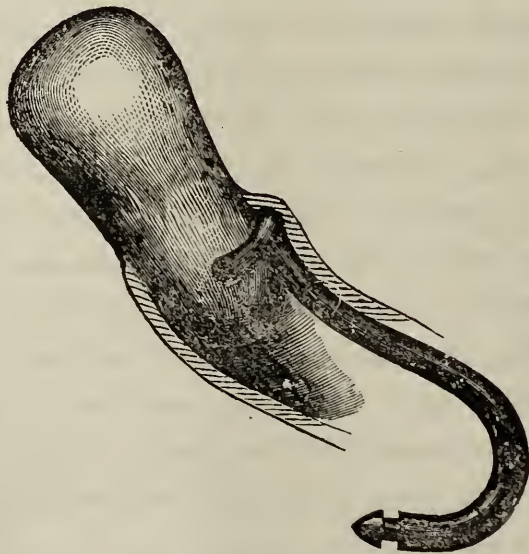


FIG. XIV.

principles govern for the selection and application of the anteversion T, as in the anteversion loop pessary.

To apply the loop pessary, the fenestra of the pessary is passed over the handle of the uterine sound, which holds the organ in place. The loop, turned forward, is then pushed gently into the anterior cul-de-sac. The sound is withdrawn, and examination is made to ascertain whether the pessary fits and bears properly on the perineum. A hold is maintained on the suspensory cord, and the belt fastened around the waist. The cord should be carefully adjusted, so as not to draw too tightly, or be too much relaxed.

For the idea of the adaptation of the retroversion pessary for anteversion, I am indebted to Prof. Thomas, of New York City. [Vide *do.* on Diseases of Women.]

Sometimes there is no anterior cul-de-sac, the vagina being united to the uterine neck just at the os. This may have been the normal state; my limited experience does not substantiate this position. In such cases the maintenance is effected by means of the stem pessary. The mode of application is similar to that already laid down under the head of retroversion; the same care in its employment is necessary.

Remarks. — The writer is well aware that he is treading on delicate ground, and that the treatment of anteversion is an opprobrium medicorum. Still it is our duty to endeavor to meet such cases, for they confront us on every side. The great objection lies in the fact that the anterior vaginal wall and neighborhood is more sensitive than the posterior wall, hence the greater liability to irritation from the contact of foreign bodies. And there are cases which cannot tolerate anything. These should be treated very cautiously or let alone. In other cases the tolerance can be tested by trial. Should the pessary cause trouble, it should be withdrawn *by the patient*. Time should be allowed for the irritation to subside, and then the physician or patient should

introduce it again. In this manner the parts may be gradually accustomed to the instrument. The patient should pass the uterine extremity of the pessary (concavity towards the left) just within the vagina. The concavity should then be turned forwards and the hook pressed on to the posterior fourchette. A gentle upward and forward movement will bring the instrument into place. There is less danger of wrong placement with the anteversion than with the retroversion. The procedure during defecation is like that described for retroversion.

Anteflexion, Fig. XV.—In this displacement the uterus is bent forwards without removing the lower portion

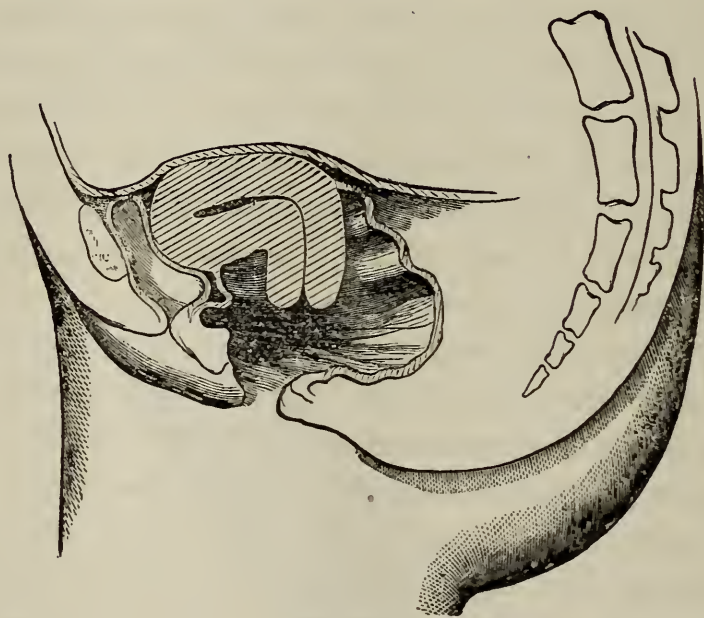


FIG. XV.

out of the line of vaginal axis. The touch is the best means of diagnosis. The os is found sunken, but in the middle of the vagina. The fundus is felt forwards of the pubis, making with the remaining part of the uterus an angle, the *point* of which varies from a position close to the os, to one within three-quarters of an inch

of the fundus. The size of the angle also varies. The next step of the exploration consists in introducing the uterine sound, which is generally a difficult and tedious operation. The sound should be bent to correspond with the angle of flexion, and in its passage should be assisted by elevating the fundus with the fingers and vaginal sound inside, and by pressure over the pubes. The degree of success with the sound is an important feature in the diagnosis. If the uterus is completely penetrated and found to be mobile, we infer that the flexion is the main element of the disease. If not, we should hesitate, and we should explore carefully for some other accompanying pathological condition which may be the main cause, and take the case out of the class treatable for displacement. If the flexion is uncomplicated and is readily retained in place by the sound, then the vaginometer should be employed, and a loop or T pessary fitted as in anteversion. But if there be a perverse disposition for the reduced flexion to return, then I know of no mechanical treatment but that of the stem. The introduction and treatment have been described under retroflexion.

Anteversion and flexion, Fig. XVI.—These constitute a formidable combination. The uterus forms a portion of the vaginal dome, sometimes reaching from the pubes in front upwards to the middle of the highest point of the vagina. The operator will find it very difficult to bring the organ in situ naturali, as everything is so much out of line, especially when the uterus is flabby and yielding. The proper course would seem to be to employ a flexible sound; then follow with a stiff one. The principles of the treatment are the same as laid down under anteflexion.

Care should be taken to ascertain the complications. If the uterus is hypertrophied remedies should be ap-

plied to reduce the size of the organ. It seems probable that depletion is one of the promptest and most

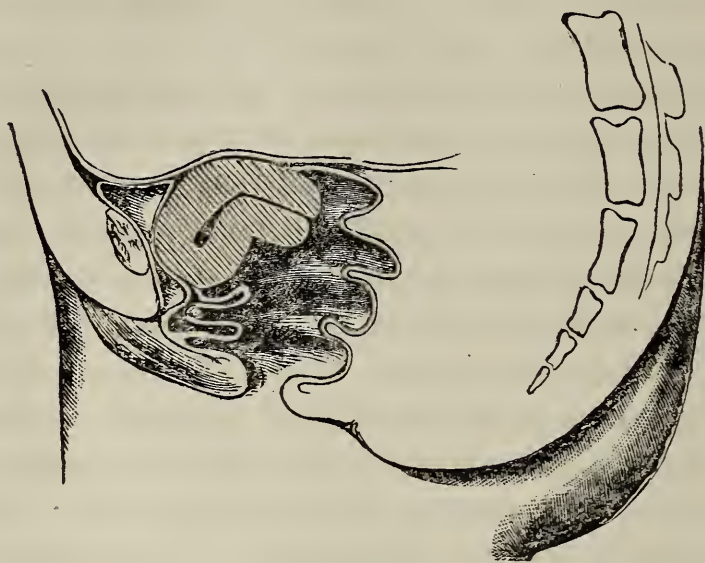


FIG. XVI.

successful agents to bring the organ down to normal size. Three or four leeches I have seen to work wonders in reduction. Where you have blood-vessels distended by chronic congestion for months and years, it is fair to infer that the vascular walls have become weakened by the over and long-continued distention, so that the stimulus of chemical and galvanic agents topically applied is nil (as experience shows) to cause contraction. Indeed, it seems as if the contractility was nearly absent. So that what more sensible or common sense procedure can be adopted than to let out the blood by mechanical means, and allow the distended vascular walls to collapse, if not contract, by sheer want of contents? These procedures have proved the most efficient curative agents in old cases of throat disease. This doctrine is contrary to that of the present day; but is it wise to follow blindly fashions in medicine and surgery as we do in dress? Intemperance in depletion is no argument against its *temperate* use.

The writer often presents this view to his patients: "Water is indispensable to human life. If people fall into water, and life is destroyed, is this an argument against its use as a beverage?"

To decry and wholly refuse to employ a therapeutical agent or process because it is abused is not a temperate or sensible position. In this respect the medical profession yields too much to the popular sentiment, and there is reason to believe that loss of life ensues simply from the want of a judicious employment of letting blood. If there is chronic heat, tenderness, throbbing, enlargement of the vagina or uterus, or both, in almost any case of uterine flexion or version, a physician will rarely err in applying scarification or leeching to the parts affected. It paves and prepares the way for topical and mechanical treatment by the simple unloading of the tissues of the superfluous distending blood.

Mobile Uterus. — These are cases in which the organ moves very readily either backwards or forwards. It is found in one mal-position at one visit, and at another time in the other position. If replaced from retroversion, it will go over to anteversion, and vice versa. The ligaments appear to be completely relaxed, and allow this wabbling about. In such cases I have preferred to convert the ante into a retroversion, and treat them as such; allowing the organ to be slightly turned back, so as to be less liable to be thrown forward during the body movements.

Latero-version. — Two varieties, right and left. This is found associated with prolapse and sometimes retroflexion. It is not common. In the left variety the os is found turned toward the right side of the lower portion of the vagina. Sometimes it presses upon the floor of the pelvis. The fundus is turned towards the right. It is found necessary, in entering the uterine sound, to

bring the handle over the left thigh (the patient's position being on the left side, thighs flexed, loop semi-flexed), and to assist by the left forefinger. When the sound is entered, the direction of the displacement is shown by the course of the sound. The organ should then be replaced, and the vagina measured by the sound. A stem pessary may be selected and applied. If this is not found, either the loop or T retroversion pessary may be resorted to. The extension of the vagina to its normal length and axes causes a tension of its insertion into the uterus, and the counter tension causes the erection of the uterus into line.

The right variety of latero-version is similarly detected as the left, reversing the description.

Latero-flexion.—In this direction the uterus is *bent* sidewise. Rare and difficult to detect. Diagnosis by the finger and sound. The uterine continuity must be traced from the os upwards. The treatment advised, is the replacement, and adaptation of a stem pessary.

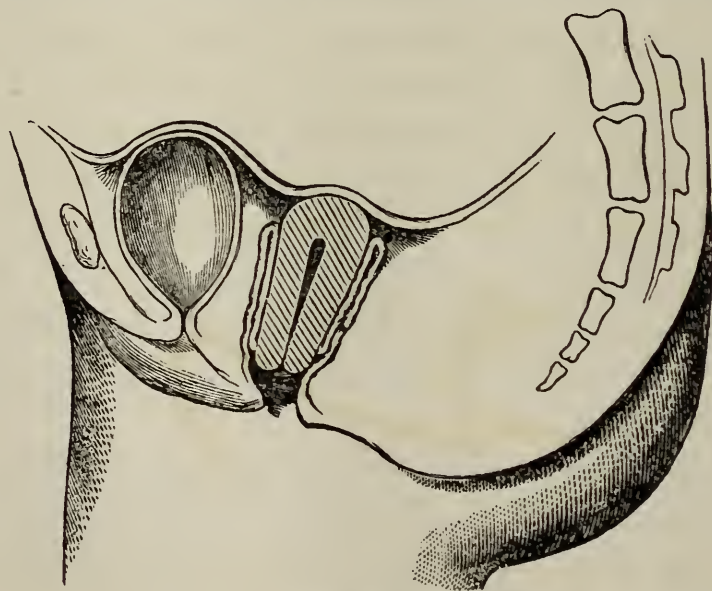


FIG. XVII.

Prolapsus, Fig. XVII.—In this displacement the uterus descends downwards in the direction of the long axis

of the vagina. The amount varies from a lowering of one inch to a complete exit outside. The vagina is reflected backwards. It is turned inside out. The upper part becomes the lower, and the fundus of the womb is covered and concealed within the vagina.

The orient point of the diagnosis is the os uteri. It is doubtful whether pure, uncomplicated prolapsus is common. On the other hand prolapsus combined *with* version or flexion is very common.

In those cases where the uterus can be replaced within the pelvis near its normal site, by pushing in, the indication is to hold it there. This may be done by measuring the posterior vaginal wall, and the diameter



FIG. XVIII.

of the uterus at the vagina cul-de-sac, by means of the vaginometer. A ring pessary, Fig. XVIII, is selected, corresponding to the measurements just gained, and is applied to the organ, the sound withdrawn, and the pessary left in place. The "ring" is the T pessary described



FIG. XIX.

before, only that the bar is continued into a complete circle. It may, if desired, be modified by substituting a perforated cup for the ring (Fig. XIX.). The angle of inclination of the ring with the stem should be a little

less than a right angle, as the natural inclination of the uterus is forwards. In this manner the uterus is suspended, and the dilated and loosened vagina is allowed to contract, and thus rendered liable to return to its normal condition.

The subjective symptoms of versions and flexions of the uterus are various. There is no doubt that in some cases there are none of sufficient importance to attract attention, or warrant interference. Indeed, an old physician, of very extensive practice in the country, once remarked, that supposing women should be examined, in his opinion, nearly all would be found with some uterine deviation. If this is so, it is equally true that there *are* women in whom versions or flexions do constitute disease, and these are the cases which fall into the hands of physicians, and ask for treatment. The subjective symptoms are chiefly neurotic. They are mimetic. They are not all present in every case. One set will be present in one, and another set in another. Each case has sometimes its own peculiar phases differing from any other. No symptom is pathognomonic without confirmation by physical exploration. A woman, married, single, or virgin, who complains of neuralgic pain, or bad feeling in the head, neck (the cervical vertebræ), epigastrium, heart, back, or hypogastrium, — sometimes localized in circular spots one inch in diameter; — of a feeling as if a string was tied around the waist; — of inability to carry weights, or walk, or go upstairs, from weakness in back; — of difficult defecation; — of dysuria; — of numbness in limbs; — of anomalies of vision without physical cause; — of great nervous irritability; — of syncope, simulating epilepsy and hysteria; — of impending insanity, etc., etc.; and the physician after a careful examination is unable to find a satisfactory cause, suspicion should fall

upon the uterus. It is a *duty* then to explore the vagina. If the result throws light on the true condition, the diagnosis by exclusion is, in most cases, complete. Prof. Hodge, of Philadelphia, used to say that there was hardly any neurotic disease which was not imitated by the symptoms resulting from a flexed or verted uterus.

Fig. XX. — Measuring the posterior vaginal wall with the vaginal sound.

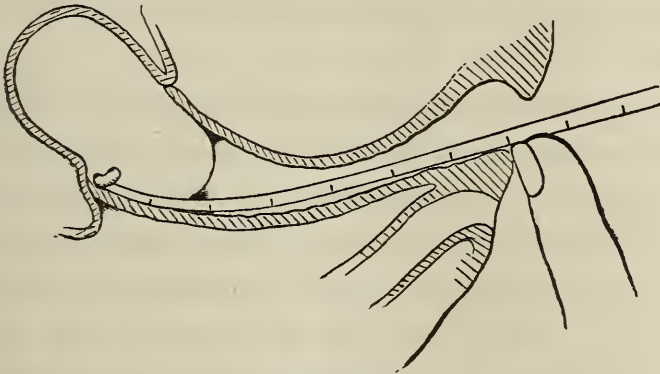


FIG. XX.

The prevalence of uterine displacements demands that physicians should recognize, and do what they can to relieve them. There is no doubt but that these difficulties are ignored, and not only this, but those in the profession who advocate the claims of such affections are treated with derision and contempt. When it is reflected that the science of gynæcology is not even pretended to be taught in the curriculum of most of our medical schools, is it to be wondered at that the medical profession ignore so generally these diseases? If this method of winking out of sight was sufficient for the cure, this course would be right. But is it manly, fair, or consistent for educated medical men to act thus, when in every community women are suffering, with no sympathy, and often ridicule added to their distresses?

No; one would be false to himself, his profession, and his constituency, if he did not exert all the powers of mind and body to discover and heal, if it may be, complaints which do sap and destroy the maternal head of many families, thus impoverishing and weakening the sources of true civil prosperity.

It would be well, also, for those who are not fully acquainted with these subjects, before they decry those who are well informed, and their efforts, to investigate carefully before going any further. Ignorant detraction is very disgraceful; sometimes it is more than this — wicked.

No one pretends to maintain that every woman who is sick has a diseased uterus, as some have alleged of gynæcologists. The question is, when a more satisfactory reason cannot be found but that certain females are "nervous," "fidgety," and "nothing ails them," and no exploration of the vagina has been made by a careful and intelligent observer, — whether the case has not a right to demand a thorough physical diagnosis by her attendant? It is a false delicacy which shrinks from such procedures after an unsatisfactory examination of other regions of the body.

Mistakes are made by physicians, said the late Dr. John Ware, more in not being thorough in their examination than in anything else. It is hoped that the present condition of things will not continue.

EXAMPLE TO SHOW HOW RETROVERSION WAS IGNORED.

A virgin, eighteen years of age, fell insensible while walking in the street. The attack simulated hysterical epilepsy. She had had similar attacks before. A physician was called. He appeared to regard the case as one of slight moment, — "as nervous." He adminis-

tered remedies by the mouth, with the inspiring statement that they would cure her. The anxious mother asked, "Can she walk out any more?" "Yes, she can go anywhere," was the reply. With this answer, the patient ventured out after a time. A similar renewed fall and insensibility ensued. The writer was summoned, and, having learned from his experience that such fits of coma were sometimes caused by uterine displacements, proceeded to inquiry, and found pain in head, back, and thighs, difficult defecation, no dysmenorrhœa, and some numbness of extremities at times. The eye was clear, the head cool, the pulse good. The complexion did not indicate serious organic disease. A physical examination revealed a complete retroversion of the uterus. Upon treatment with the loop pessary the headache disappeared, the general health improved, there was no return of hysteric seizures, and the patient recovered.

Now, which physician pursued the wisest course? The first was an active, intelligent, acute practitioner, but his preliminary education included no especial gynæcological study. Could he have been expected to have done differently? Probably there are thousands of such physicians in our land. Had it not been for special advantages the writer might have done worse.

A case was lately related in one of the medical journals, where a lady had been laid aside for a long time with supposed disease of the heart. She, too, was treated by an intelligent regular physician. Another more versed in gynæcology was called, and the discovery was made that there was a uterine lesion, which being treated, the patient got well.

A married lady, forty years of age, had nocturnal palpitation of the heart, numbness of limbs, great nervous irritability, double and difficult vision, precordial

pain. There was no pain or bearing-down efforts in the back or abdomen. Dr. Derby said that the eyes were the healthiest he had ever examined. There was no acceleration of the pulse, the cardiac sounds were distinct and normal. The nutrition was good. No organ being found at fault, the vagina was explored. The uterus was found retroverted and not enlarged. Under treatment with the retroversion pessary, the eye and cardiac symptoms disappeared.

A virgin, twenty-eight years of age, complained of deafness in one ear. Upon removing plugs of cerumen the hearing was restored. She also complained of dizziness, and at times sudden loss of consciousness, accompanied by fall of the whole body down on to the floor or ground. There was pain in the back, disturbance of the bowels, so much so that suffering had become a second nature. On a digital examination of the vagina, retroversion and retroflexion were found. It appeared, from her statement, that when twelve years of age, while walking upon a paled fence, she slipped downwards, and one of the pickets entered the vagina, thereby impaling her. Extrication was followed by profuse hemorrhage and other disturbance. After a few days in bed the symptoms subsided. It is probable that the mechanical injuries thus inflicted were the chief cause of the version and flexion. This lady was very much relieved by the treatment above indicated. There has been no return of the epileptiform seizures, and the nervous symptoms have very much abated.

Insanity is sometimes traceable to uterine displacements. The reader is referred to Dr. H. R. Storer's able treatise upon *Insanity in Women*. The instances are common enough to demand of the general practitioner a knowledge of the diagnosis and treatment of these complaints. It is not enough to turn a female away

with the epithet of "nervous," unless such a diagnosis is based upon an accurate, thorough, and intelligent exploration. There is no doubt but that cases of extreme uterine displacement do exist without disturbing the nervous system. Prof. Hodge used to relate in his lectures instances where Philadelphia market-women would carry on their business and sleep in their wagons the year round, while bearing an enlarged and prolapsed uterus down between their thighs! On the other hand, a slight deviation from the normal position is a constant source of great suffering to other women. It does not become any one to be too general and sweeping in conclusions, but rather to pursue a medium course, to take broad and comprehensive views, being careful not to err by rash exclusion or hasty inclusion.

Cardiac disturbance increased by uterine disease. — A seamstress, about thirty-five years of age, complained of palpitation and precordial pain. She had also pain in the back, inability to walk a distance, great nervous prostration, and difficulty in carrying on her business from sheer weakness. There was an increased area of dulness on percussion over the precordium, a bellows' murmur, strong and distinct, and a quickened pulse. The uterus was found to be retroflexed and retroverted. Treatment relieved but did not cure the symptoms. It is probable that had the uterus lesion been detected and treated early, the result would have been better.

A young married lady, the mother of two children, the youngest about six months of age. She suckled her infant, who throve finely, being a beautiful exhibition of infantile good health. The mother complained of pain in the top of the head and in the back. It hurt her to lift her heavy infant, troubled her to walk, and she felt very miserable.

She consulted the physician who attended her during

her confinement. He made no vaginal examination, but gave her medicine. There was no improvement. When she submitted her case to the writer the uterus was found strongly retroverted. The organ was replaced by the uterine sound, and the length of the posterior vaginal wall was measured by the vaginal sound to ascertain the proper size of a pessary. Upon a subsequent visit the organ was found to be nearly in situ, and a pessary was worn only a few days, and the troublesome symptoms have disappeared.

When there is accompanying inflammation it should be treated before using mechanical supports. Sometimes a few leeches will so relieve the congestion and the weight that the organ will return into place of itself. It is a poor plan to treat these cases by pessaries at first. Leeches are best applied through a cylindrical speculum. A pledget of cotton wool forms a simple bar to their exit before they fasten. If the vagina is tender and hot to the finger at a particular spot, leeches are indicated. In a case of this kind, where anteversion was associated with enlargement of the womb, ulceration, and an extremely tender condition of the anterior surface of the uterus, depletion by one leech applied to this spot relieved the symptoms very much. The uterus ascended higher up. The tenderness disappeared. The ulceration improved. The leucorrhœa was diminished. The bad feelings were much less. Sexual congress, from being painful, was rendered comfortable.

Digital examinations of the vagina being so absolutely essential to the full and clear understanding of the subject, a few truths may be excused.

Position of patient.—This is a matter of importance. An ordinary lounge or bed may answer for a base of position; but an object that presents a softish

but inflexible and smooth surface is decidedly the most preferable. A dining-table covered with a folded "comforter" and a sheet answers well. The body does not sink in. The height allows of a vertical position of the body by the examiner without the unpleasant bending which congests the head when an ordinary bed is used. Where a table cannot be provided without too much trouble, it is a good plan to introduce a piece of board under the upper mattress. An ordinary cutting-board of the sewing-room will answer well. As far as possible it is very advantageous to divest the patient of her tight clothing, such as corsets, hoops, drawers, etc. The writer remembers a case in which he could not replace a retroverted womb until all the close-fitting clothing had been removed. When the abdomen is confined in front and from above, where else can the floating viscera go but downwards into the pelvis? The examiner should then place the patient on her left side, head low, knees drawn up close to the abdomen. The left side is advantageous, as it allows full play of the operator's right hand. If he is left-handed or ambidextrous, of course the position on the right side will answer.

The explorer should be provided with a Simpson's sound, warm water and towels. The forefinger of the right hand should then be anointed *freely* with fresh *lard*. I say *lard*, because I like it better than anything else. Sims recommends soap. Others use olive oil or glycerine. If the vaginal secretions are very copious they will suffice sometimes for lubrication. Taking the natal furrow the finger may glide over the anus, noting, as it passes, its condition as to fissures, hemorrhoids, prolapsus, etc. Or the finger may approach over the pubes to the vulva, noting the condition of the labia, clitoris, vestibule, and urethra. It is then passed into

the vagina, and swept about with care. The facts thus revealed are of great importance, and are as follows: *First, the existence, position, size, and condition of the os uteri.* The os is the orient point of diagnosis in mal-positions. It may be so obliterated as to defy discovery. The uterus may be absent. When existing, the os may be high up, low down, in the concavity of the sacrum, over against the pubis, on the right or left side of vagina, in the external vaginal outlet, and sometimes outside. The existence and thickness of the lips of the os, and any solution of continuity, excrescence, abrasion, hardening, or patency may be discovered by the finger and confirmed by the speculum examination. Having a definite examination of the os, the digit should follow the cervix anteriorly, posteriorly, and laterally. If the os is in the natural position, and the finger finds no unnatural hardness in the anterior or posterior cul-de-sacs, it is fair to infer a normal position and condition of the outside of the uterus. If there is a continued cervical hardness, smooth and bulging, and the os is in the concavity of the sacrum, it is fair to infer *antever-sion*, diagnosis to be confirmed by the introduction and behavior of the uterine sound. If there is a similar condition, and the os points towards or under the pubes, retroversion is to be inferred, subject to sound confirmation. If the finger finds that there is an angle formed by the neck and body of the womb, os towards sacrum, you have anteflexion. If there is the same condition, but the os points towards pubes, you have retroflexion. If there is a turning to one side of fundus you have latero-version. If a bending, latero-flexion. Indurations which are liable to be mistaken for the uterine substance may be caused by pelvic areolitis, intra-mural and extra-mural tumors, rectal accumulations or enlargements, piles, malignant disease.

But the careful use of the uterine sound will distinguish them generally, although sometimes it is necessary to dilate the uterine cavity with tents. When a flexed uterus is replaced by the sound, and held there, the finger passed about the neck will easily distinguish its normality. It will feel clear, well defined, distinct, and mobile. The concavity of the cul-de-sacs will have a softness and elasticity which are absent when there is perimetritic disease. All the procedures named should be made with gentleness. Coaxing answers better than force. The amount of pain is a very good general guide as to the amount of inflammation. Hence the examination had better be conducted without anæsthetics. If there is great suffering it will be advisable to resort to depletion, as already indicated.

There is no doubt in my own mind that the present mode of suspending the dress of females from the waist is a prominent exciting cause of uterine versions and flexions. This impression is so strong that it is impossible for the writer to close this article without re-alluding to this subject. First, there is the corset surrounding the waist. Even if worn loosely, it none the less communicates the superincumbent weight of garments on to the abdominal region, and crowds the viscera down to the lower part of the cavity in the pelvis. In this state of things, let the vagina be weakened by inflammation, what would be more natural than for the uterus, unduly weighed down, to tip over or bend, thus dilating still more the toneless vagina, and increasing the difficulty? The natural points for suspending the garments, in men and women, are the shoulders. The bones of this region, with their investments, are admirably suited for this purpose. Weight applied here is supported by the whole thoracic and pelvic skeleton. There is no crowding of the diaphragm up-

wards, or abdominal viscera downwards, as in suspension from the waist. How disastrous this waist suspension is in men! Take the sailors. They are notoriously subject to hernia. No doubt their unusual efforts in pulling ropes combine to aid this result, but the tight waist belt must make it more sure.

When Paris fell it was hoped that with it would go the fashions, and that the common sense of mankind would cause them to look for modes of dress from medical artists, who understand the needs and requirements of the body, from a physiological as well as æsthetic point of view. Health and comfort should be combined with beauty. The person who will invent a means of suspending the garments of women from the shoulders, which shall combine ease, lightness, and mechanical adaptation, will deserve and receive the reward of a benefactor.

THE RELATION OF THE FEMALE SEXUAL ORGANS TO MENTAL DISEASE.*

BY PROF. LEWIS MAYER, OF BERLIN. TRANSLATED BY GEORGE H. BIXBY, WITH NOTES
BY HORATIO R. STORER.

[*Read before the Society, May 3, 1870.*]

VII.

WE continue the subject of Occasional Amenorrhœa. There were two cases of hypochondria.

CASE XXXIV. A tall, stout girl, from the upper classes, of healthy parentage, had masturbated from childhood. With the exception of a slight nervous disposition, she enjoyed good health. The glands of the neck were enlarged. Menstruation commenced at fifteen, and continued from eight to ten days; was scanty, and attended

* Continued from this Journal, October, 1871, p. 251.

with pain in the sacral and lumbar regions. In her twenty-third year, without any apparent cause, the menses began to lessen still more, and to become paler, and finally ceased altogether, and remained absent for months. General debility, dyspeptic symptoms, and mental depression followed immediately. Considering herself dangerously ill, she annulled an engagement of marriage. Later she imagined herself not to be able to walk, eat, sleep, see, or hear, and for months confined herself to a dark room. Her imagination notwithstanding, she was aroused by the slightest alarm, or ray of light, ate heartily, drank freely, and allowed herself to be moved about, and was very loquacious. A few weeks later she imagined she experienced the symptoms of cancer, and consulted me for the same. I found her in a dark room, with a normal pulse and temperature, tongue coated, and rather anæmic. The mammæ were perfectly normal, the vulva, nymphæ, and clitoris largely hypertrophied. There was also vaginitis; the uterus was hypertrophied, anteverted, its cavity measuring two and a half inches. It was evident that the poor girl's troubles were dependent upon the affection of the sexual organs, and more especially upon the position of the uterus. I therefore introduced a Myers' ring, and insisted upon the patient's exercising herself about the chamber; she did so, and was immediately convinced of her ability to walk. With the latter effect every other hallucination disappeared. I sent the patient to Switzerland for a short sojourn. She returned in due time, a blooming, healthy girl, menstruating regularly as to time, quantity, and quality. I removed the ring, and sent her home. She remained perfectly well, both mentally and physically.

CASE XXXV. A tall, stately girl, aged nineteen, from a respectable family, of healthy parentage, had been

hypochondriacal from her youth; induced, doubtless, from morbid symptoms in the urino-genital organs. Her only sister, who was happily married, suffered from melancholy and maniacal paroxysms, depending upon some disease of the sexual organs. The patient was a bright, talented girl, of a mild disposition. In childhood she suffered from repeated attacks of sore throat, but upon the whole was mentally and physically well up to the appearance of the catamenia in her sixteenth year. The latter were very irregular, appearing every four and twelve weeks, were attended by nervous manifestations, by pain in the loins and sacrum, headache, cold feet, disturbed rest, palpitation, and slight dyspeptic symptoms. Later, these manifestations were constant, especially marked after taking cold. Later, her mind seemed to dwell more upon her troubles; she began to imagine she was suffering from an incurable disease. This condition finally ended in general disturbance of the imagination. The patient resisted every attempt at an examination; I therefore resorted to the following expedient. I informed the patient that her disease was a very common one, that there existed a particular *and very dangerous* remedy for such cases, so powerful in its effect that one drop sufficed for a dose. She evinced the most perfect confidence in the same, and seized with avidity a bottle of aqua Lauraziraci, which she supposed to be the remedy. From that moment she was entirely free from the illusion and from the hypochondria, and for a long time subsequently was as bright and cheerful as she had ever been. Unfortunately, some time after, she took a severe cold and all her former symptoms returned, and with them the hypochondria. The circumstance of the return of her trouble destroyed her faith in the means which had been resorted to before. Internal remedies were used

in vain; by the use of iron internally and in baths, her chlorotic condition improved; without any impression, however, upon the mind. She was sent to an asylum.

There was one case of dementia, as follows:—

CASE XXXVI. Mrs. N., aged twenty-nine, had been married nine years. She gave birth four years before, and aborted four and a half years since. Since the latter event, she had been a great invalid, and suffered from general debility, indigestion, and a profuse leucorrhœa. The menses, quite profuse since her fourteenth year, now commenced to diminish in quantity and duration, and Mrs. N., formerly a bright, energetic woman, became irritable and listless. Three and a half years before, she fell heavily upon the sacrum, and a severe attack of parametritis followed, for which the patient consulted me. During convalescence, a few days before the expected catamenia, she experienced the most extraordinary fits of fainting, which, before the return of the following menses, amounted to delirium. During the interval she was at times very irritable and loquacious; at others, not disposed to converse. She often wept, and complained bitterly of her sickness. Just previous to the catamenia, at the slightest provocation, she would seize upon the first object at hand, and hurl it at her husband or through the window. She imagined at times that a woman stood beside her husband, whereupon she would fly at him and attempt to scratch and bite him, and would even attack him with a knife. It always resulted in a battle. These attacks generally occurred at night, sometimes, however, by day. The use of iron internally and in baths instantly improved the patient's condition; the menses increased in quantity, and the mania disappeared. Later, the menses became scanty from a severe cold, whereupon the delirium soon returned. Upon examination, I found hyperæmia of

the vulva and vagina, and chronic metritis. Under appropriate treatment, the patient was permanently cured.

There was one case of nymphomania:—

CASE XXXVII. Mrs. X., aged twenty-one, had always possessed a cheerful disposition. She suffered in her fifteenth year from eczema capitis; in her sixteenth, from peritonitis, and later from hysterical symptoms. At the appearance of the catamenia, every four or five weeks, all the hysterical symptoms left her. During her twentieth year she devoted herself in the most self-sacrificing manner to the care of an invalid sister. From this constant mental and physical exertion the menses began to lessen, and the symptoms of melancholy soon followed. By the use of iron the menses increased in quantity, and the patient was entirely cured. A repetition of the same sort of exertion, years after, induced a return of the mental trouble.

DEMENTIA ASSOCIATED WITH MELANCHOLY, WITH HEREDITARY PREDISPOSITION TO INSANITY FROM AMENORRHŒA.

CASE XXXVIII. Miss — had menstruated four or five days every four weeks, since her sixteenth year. She suffered frequently from hemicrania, but in other respects had been quite well. During her twentieth year she contracted a severe cold; the menses began to lessen soon after, and there soon developed all the signs of melancholy with suicidal mania. The latter symptoms were most prominent during the catamenia; later, her troubles ended in dementia. I found the uterus hypertrophied, and a profuse leucorrhœa. No local treatment was employed in the case.

OCCASIONAL AMENORRHŒA ACTING UNQUESTIONABLY
AS THE EXCITING CAUSE OF MENTAL DISEASE.

CASE XXXIX. A strong, healthy girl, who had menstruated regularly every four weeks, contracted a severe cold in her seventeenth year. The menses did not cease entirely, but their duration shortened from five to three days; they became pale and contained more mucus than natural. A series of symptoms, such as cardialgia, hemicrania, neuralgia, cephalalgia, indigestion, and dysmenorrhœa now ensued, and this once bright, lively girl became listless and generally deranged. Upon examination, there was found vaginitis, chronic metritis, anteflexion, with erosion of the cervix. Local and internal treatment increased the flow of the menses, and removed every vestige of mental disease. Finally, in one case, a change in the quality of the menses was the exciting cause of mental disturbance, by awakening in the patient the fear of a return of a series of unpleasant symptoms, which she had experienced at a former disturbance of the menses. There was present the most profound melancholy. The patient was suffering from vaginitis, erosion of the cervix, chronic metritis. A cure of the above symptoms was followed by a return to a normal condition of the menses and a complete disappearance of the melancholy.

Finally; in one case, a change in the quality of the catamenia was the exciting cause of melancholy with illusions.

CASE XL. The patient suffered from chronic metritis, erosion of the cervix, and vaginitis. A cure of the local troubles was followed by a complete disappearance of mental disease.

4. RETARDED MENSTRUATION.

This anomaly of the catamenia may act either as the predisposing or exciting cause of mental disease. I have never observed a case of the kind; but I have no doubt of the possibility of its occurrence. The age at which menstruation commences, depends very much upon climate, nationality, station, etc.; consequently it is extremely difficult to determine the precise age at which it can be considered as abnormal. In North and Middle Germany, fourteen to eighteen is the most common age of menstruation; at eighteen it is considered as retarded.*

According to my first statistics, among the majority of the three hundred and ninety-eight girls observed, who first menstruated at the nineteenth year, there was no evidence of disease. If we compare the ages at the commencement of menstruation of the one hundred and forty-five patients, suffering from mental affections, belonging to the middle and higher class (two of the former, affected with chronic amenorrhœa from deformity of the genital organs, not included), with the corresponding ages of three thousand persons, from the higher and middle classes presented in table No. 2, we shall notice scarcely any discrepancy.

* Krieger on Menstruation, pp. 10, 54.

Date of First Menstruation.	Observations made among 143 women and girls from the higher and middle classes.			Among 3000 persons from the higher and middle classes.	
At 9 years	—	—	—	in 1 case,	0,033 p. ct.
" 10 "	—	—	—	" 4 cases,	0,133 "
" 11 "	in	4 cases	= 2,797 p. ct.	" 31 "	11,033 "
" 12 "	"	3 "	= 2,098 "	" 117 "	3,900 "
" 13 "	"	22 "	= 15,384 "	" 352 "	11,733 "
" 14 "	"	31 "	= 21,678 "	" 717 "	23,900 "
" 15 "	"	29 "	= 20,279 "	" 685 "	22,833 "
" 16 "	"	23 "	= 16,084 "	" 423 "	14,100 "
" 17 "	"	12 "	= 8,391 "	" 228 "	9,600 "
" 18 "	"	9 "	= 6,297 "	" 178 "	5,983 "
" 19 "	"	7 "	= 4,895 "	" 126 "	4,200 "
" 20 "	"	3 "	= 2,098 "	" 49 "	1,633 "
" 21 "	—	—	—	" 18 "	0,600 "
" 22 "	—	—	—	" 8 "	0,267 "
" 23 "	—	—	—	" 1 "	0,033 "
" 24 "	—	—	—	" 1 "	0,033 "
" 26 "	—	—	—	" 1 "	0,033 "
Sum.	Among 143 persons. 100,001 p. ct.			Am'g 3000 persons. 99,997 p. ct.	

I have seen positive evidence of the existence of cardialgia, hysteria, exaltation and depression, in seven cases in which the catamenia first appeared at nineteen; three of dementia, at twenty-three; one of dementia, at sixteen; and one of melancholy, at nineteen, occurring either before or during the menses.

That this proportion is remarkable, and strikingly indicative of the frequency of the existence of mental de-

rangement in connection with retarded menstruation, is proved in the following table.

This table shows the result of observations made among 145 women and girls affected with mental disease:—

Age.	No.	Age at which occurrence of disease.	No.
From 14-20	5.	From 14-20	20.
“ 21-30	49.	“ 21-30	68.
“ 31-40	53.	“ 31-40	38.
“ 41-50	22.	“ 41-50	11.
“ 51-60	12.	“ 51-60	7.
“ 61-70	4.	“ 61-70	1.

There were among these the following from fourteen to twenty-three years:—

1 case at 14 years.	5 cases at 20 years.
4 cases at 16 “	5 “ 21 “
3 “ 17 “	8 “ 22 “
4 “ 18 “	8 “ 23 “
3 “ 19 “	

5. PRECOCIOUS MENSTRUATION.

This anomaly, like retardation of the catamenia, offers also certain difficulties in establishing the exact period when it can be considered strictly as such. Among 824 cases which came under my observation,* the climacteric occurred, upon the average, in the forty-seventh year. This corresponds very nearly with the observation of others.

Courty found 44.9 to be the average age; Brierre, 43.7. In North and Middle Germany, I have estimated it at 46.

This ratio is substantially true according to the following statistics:—

* Kreiger, loc. cit., page 168.

13 per cent. at fifty (the highest).

4 " " forty..

1 " " thirty-eight.

$\frac{1}{10}$ " " twenty-two.

I have taken 40 as the average; 41 to 45 as doubtful.

6. THE INFLUENCE OF THE CLIMACTERIC UPON THE MIND.

The period at which the catamenia become irregular or cease entirely, the so-called "Change of life," "Turn of life," "l'Age Critique," or "Dodging time," is exceedingly variable. At this epoch in the life of woman, the mind is particularly susceptible to deleterious influences. It may become the cause of mental disease independently of any foreign influence. If this tendency exists in a perfectly healthy individual, in whom the climacteric has been reached by a natural retrogression of the sexual organs and of sexual life, how much greater must be that susceptibility, when complicated by general or local physical affections, or by hereditary or acquired predisposition to mental disease! In my opinion, this form of insanity does not differ from any other, existing in connection with or without sexual derangement, at any other period of life. We are not ready to accept the opinions of Mr. Skae,* who attributes to this a special form, and gives to it a special name, namely, "Climacteric insanity;" and who also states that, according to his observation, suicides occur more frequently at that period,† until, at least, his experience is substantiated by a more extended series of statistics than at present exists.

(To be continued.)

* Climacteric Insanity. Edinburg Med. Jour., 1865, Feb., p. 703; Cannstatt, Jahresbericht, 1865, III., p. 9.

† Schläger observed among twenty-two cases of suicide, eleven at the climacteric.

EDITORIAL NOTES.

AT HOME ONCE MORE, after an absence of half a year, we have occupied ourselves, with equal interest and pleasure, in resurveying the old, familiar ground; making ourselves again—we say it in no offensive sense—“master of the situation.” Let us see whether we have not succeeded.

Last April, tired and weary, both in body and mind, and, withal, blood-poisoned from a dissection wound, we sought, in change of scene and climate, the recreation these so soon afford. At that time, certain forces had been set at work here in Boston, chiefly through the instrumentality of the Gynæcological Society, whose results we both foresaw and foretold. As yet, however, even to the sanguine, their issue seemed uncertain, while there were many, even among the faithful, who were almost dispirited by the long and weary waiting, which so often precedes the fullest success.

Men asked themselves and each other whether, in the variances that had arisen between certain Fellows of the Massachusetts Medical Society and the Councilors of that body, and a portion of the profession and the Medical Faculty of Harvard College, it were possible for the tremendous power of patronage and mutually supporting usurpation to be withstood,—much more, utterly vanquished and beaten down,—and there were scores of those who hoped for a change, who yet hesitated to show their hands.

On April 5th, 1871, there occurred that now historic struggle here in Boston, in which, by a majority of one single vote, the general medical Society of this city, the Suffolk District, yielded to the mandate of those who claimed to be its masters, and placed itself in direct

opposition to the National Association.* We said at the time that "a well-contested defeat might be better than an easy victory." That this was such, the event has proved.

We left our friends, confident in the continuous success, from this moment, of the party of the Future as against that of the Past. Let us see how nearly we were right in our opinion.

We reached San Francisco. On the third day therefrom there occurred that overwhelming rebuke of the Councillors of the Massachusetts Medical Society by the American Medical Association,† so little expected by the Committee of the Councillors that not a single man of them had taken the trouble to accompany to California its protest; or else so fully expected, that not a man of them had dared to go. In this little contest, the Gynæcological Society, and the Future that it represents, had won.

A few days thereafter there came to us the tidings that the Harvard Medical School, true to its earliest traditions, and literally "throwing the last rag of its later suicidal policy to the winds,"‡ had adopted the advice so often urged upon it by this Journal, and which, it had been openly alleged, should, for that very reason, never be accepted. The influence of the Gynæcological Society, it may be said, had nothing whatsoever to do with this change. It was purely the spontaneous act, we may be told, of a progressive and lively Faculty, who had always striven to keep in advance of all the requirements of the medical age.§ We cheerfully grant all this, for we have promised henceforth to do what we can to strengthen the now cheerful zeal of these gentle-

* See this Journal, May, 1871, p. 315.

† See this Journal, July, 1871, p. 48.

‡ See this Journal, October, 1870, p. 269; and January, 1871, p. 57.

§ See this Journal, August, 1871, p. 124.

men; and we have reason to believe that there are influences actively at work in their midst which they dare not ignore, and cannot resist. Should, however, there be any of our readers who think that they recollect any articles to have appeared in this Journal which might possibly have had to do with the result that has been obtained, we are sufficiently magnanimous to agree with the Faculty that it could not have been the case. There are those, however, who affirm that, in the College change of base, the Society, and the Future that it so feebly represents, had won again.

Then there occurred the Annual Meeting of the Massachusetts Medical Society, with the exhibition of unseemly haste on the part of chastised Councillors, to place themselves, in the matter of irregular practitioners, by a backward somersault,* in accord with the sentiments of the mass of the Fellows as expressed at the meeting of the previous year, and with the Code of Ethics of the American Medical Association, — a power that, however the Annual Orator might deride it,† has been fully recognized this year by both the Massachusetts Medical Society and the Medical College. Again the Society and the party of the Future had won.

And now how stands the balance? Are events falsifying the predictions that we have made? This Journal has insisted upon the recognition of specialties. Read the Introductory Address just given at the Medical College, and see therein to what posts of honor the Faculty would now raise them. Indeed, they have been raised already; for, even as we go to press, the Secretary of the Board of Overseers of Harvard University announces the creation for the School of a full Professor of Ophthalmology, a full Professor of Dermatology, and

* Boston Medical and Surgical Journal, June 15th, 1871, p. 400.

† Ibid., p. 401.

a full Professor of Mental Disease, as last year recommended by the American Medical Association, while for instructors in Otology there are not one, but two (for each ear, perhaps); and Syphilis, as though it were the prince of all diseases, has meantime been constituted a separate branch of instruction by itself. Which wins here again, the Past or the Future?

We might instance many more signs of the changing times than these: the approaching triumph, for instance, of the friends of the City Lunatic Hospital in its change of location, the exact character of which we so long ago predicted.* When we then exposed the folly of certain of our more prominent medical men,—“reviewing an awkward squad,” we termed it,—very officious among whom was the gentleman toasted at this year’s dinner of the State Society, as so “devoted, both body and soul, to the welfare of patients,”† we hardly expected to see them so soon deserted by those who, till now, have ever upheld them. But behold how their old-time staff of support has at last failed them! “In 1869,” we copy from a respected contemporary, only a fortnight ago, concerning the proposed site at Winthrop, “the views of a number of the most respected physicians of Boston were obtained. The opinion of most of these gentlemen was adverse to the plan proposed by the Directors and sanctioned by the medical men interested in the care of insane patients. It is to be presumed that the opinions expressed by these gentlemen were sincere, and *given only after a personal inspection of the locality*; otherwise, of course, they go for nothing.”‡ The gentlemen referred to, after such

* See this Journal, July, 1869, p. 63; August, 1869, p. 123; and January, 1870, p. 54.

† Boston Medical and Surgical Journal, June 22d, 1871, p. 419.

‡ Ibid., October 19th, 1871, p. 258. The italics above, so significant as regards their connection, are not our own.

a cauterization, may well pray to be saved from the criticisms of their friends.

And so we might go on. We do not care, however, to weary our readers. What we have said may serve to show those who feared, how groundless was their alarm, and those who boasted, that their pride has been only equalled by their fall. As for ourselves, we resume the editorial chair with renewed health, patience, and courage.

SO MUCH FOR THE SITUATION ; a word as to the surroundings. We have found, at our return, very much more of a gynæcological atmosphere here in Boston than ever before ; and we use the word in the twofold sense which men have of late been accustomed to apply to it when speaking of the Society. That is to say, there appears, — from many indications expressed to us in conversation, by letter, and even in the personal demeanor of individuals, — not merely a greater zeal and more active interest in the study and treatment of uterine disease on the part of gentlemen outside the circle of the Society's immediate members, but also, what it is very refreshing to find, more manly and appreciative expressions of opinion concerning measures and men, less trimming and timorousness, and greater respect for the fact that all the medical philosophers, skilful surgeons, and wise practitioners in the world do not reside in Boston.

We may be asked, however, if the gynæcological climate, so to speak, of Boston, is already an unexceptionable one. As yet, of course, it is not ; but the change for the better has been very rapid and satisfactory. Is the Society, for instance, yet recognized by

those whom this Journal has been sending down into history, like pretty insects preserved upon pins? It would have been folly to have expected so much the present year.

And yet how oddly, in view of the well-known facts in the case, must the following, which we clip from the "Students' Number" of the "Boston Medical and Surgical Journal," published the past month, seem to our distant readers; the marked way in which it not acknowledges merely, but asserts, the existence of the Gynæcological Society of Boston, evinces, to say the least, the courtesy that always distinguishes gentlemen:—

"MEDICAL SOCIETIES IN BOSTON.

"Boston Medical Association.

"Boylston Medical Society of Harvard University.

"Boston Society for Medical Improvement.

"Boston Society for Medical Observation.

"Suffolk District Medical Society.

"Massachusetts Medical Benevolent Society.

"Boston Obstetrical Society.

"Boston Society of Medical Sciences." *

The above carries the same official stamp that is visible upon every page of the number of the "Journal" to which we have referred. There may be those, however, who might suppose that it evinces inadvertence or extraordinary ignorance, rather than a hostile spirit, which as yet has never openly declared itself, and which we ourselves are willing to believe does not exist. Let us then present another little illustration from the very same page. It will be recollected that, as previously,

* Boston Medical and Surgical Journal, October 5th, 1871, p. 231.

we are merely chronicling the increase of the Gynæcological Society's influence during the past half year.

"HOSPITALS IN BOSTON.

"Massachusetts General Hospital.

"The City Hospital.

"Massachusetts Charitable Eye and Ear Infirmary.

"Boston Dispensary.

"The Children's Hospital." *

Why, some may ask, was the City Lunatic Hospital omitted, with its crowds of patients? Can it be because this Journal has expressed an interest in its welfare? To ignore it was certainly no compliment to its able Medical Superintendent, Dr. Walker.

And why, it may be inquired, with even more surprise, was the great Carney (General) Hospital, at South Boston, passed over in silence? A poor recognition this of the devoted Sisters of Charity, and their attending physicians and surgeons. The Consulting Board may understand the reason, however, two of their number happening to be members of the Gynæcological Society, and editors of this Journal.

That the existence of St. Elizabeth's Hospital for women, mainly officered as it is by members of this Society, was also forgotten upon the list, as it can excite no surprise, should provoke no comment.

These things, however, are but trifles, little sparks from the cooling ashes, we hope, of a fire that ought, in view of the changed relations of the College Faculty to the outside profession, to be allowed to die out. In a late number of this Journal,† we have promised our

* *Loc. citat.* p. 229.

† See this Journal, August, 1871, p. 123.

aid to the University in its every effort to advance and improve its system of medical instruction, and no petty exhibition of their former temper, upon the part of individuals, can make us forget that, as members of the Press, and therefore, so far as our influence extends, controllers of public opinion, we occupy a higher level than themselves. The success of the School, in its new rôle, depends in great measure upon agencies that, however it may affect to do so, it cannot afford to despise. No amount of self-conceit, or of mutual admiration, upon the part of its instructors, can take the place of outside approbation and aid.

WE HAVE SPOKEN IN PRAISE of the new departure towards better things made by the Harvard Medical College, and we have reiterated our intention to give to the Faculty our cordial support. Taking, however, as many concede we have a right to do, in view of the past, almost a fatherly interest in their success, we shall continue from time to time, and as circumstances may seem to require, to offer them such suggestions as may be needed, confident, as we are, that our tender of advice will be sure of immediate acceptance.

It was our great pleasure to be present, last month, at the Introductory Lecture before the Medical Class. We were not there, to be sure, as used to be the case in former years, as an invited guest, but perhaps, for that very reason, the opinions that we now express, as they are less likely to be biased, may carry the greater weight. As the editors of this Journal, we could but have been welcome.

Dr. Cheever's Address was, upon the whole, a very satisfactory one. It was a manly, straightforward ac-

ceptance by the Faculty of the new situation in which time, that changes all men's opinions, has placed them. The great advances made by his colleagues, said Dr. Cheever, were because they were in themselves "right and proper," and they had been "demanded" * by the profession. Those are always wise men who so quickly heed the public voice.

We need not here speak of the details of the improved curriculum, as presented in the Introductory Lecture, for they must already be known by all our readers.† Nor will we at the present moment discuss the recognition by the Faculty of specialties, as legitimate subjects of instruction, further than to say that though they have progressed very far in the right direction, there is still somewhat more to be done. The work will not be complete till the whole range of the special branches of practice, that are now recognized *by the profession* as legitimate, has been covered.

There is one matter, however, to which the Faculty can hardly have given the attention which its importance deserves. We mean the subject of instruction in Medical Jurisprudence. Dr. Cheever devotes to it, in his recapitulation, a very few words, but these so distinctly state the intended policy of the Faculty, that we present them entire.

"Medical Jurisprudence," say the Faculty, "is a subdivision of our art about which we should know something, as those learn to their cost who are called into court to testify. Most colleges give a short course on it. It is naturally divisible into two parts: *First*, The rules of expert testimony and the practice of courts of law, which would be best taught by lectures from a jurist; and, *Second*, expert testimony in toxicology, in

* Boston Medical and Surgical Journal, October 5, 1871, p. 218.

† See President Eliot's remarks upon the subject, this Journal, August, 1871, p. 124.

surgery, in anatomy, in psychology, and in obstetrics, which would be better learned in connection with each of those departments." *

With reference to the above argument, it has a certain speciousness that at first sight might cause it to be accepted. Judged by the usual standard of instruction in Medical Jurisprudence, certainly as it has hitherto been taught in the Boston School, there can be no doubt that it has practically amounted to little or nothing. Here in Boston the course in this department has been merely in name, one of the several cheats upon which much of the old "sham" respectability of the School used to rest. Medical Jurisprudence was merely an appendage to the midwifery chair; and not merely this, but it had to share its little fraction of attention with other important departments, which, though each deserving of special attention at the hands of teachers who are really masters in their art, still remain, we trust not intentionally, in undeserved obscurity and neglect.

For one of them, the diseases of infants and children, why should not a full professor be chosen at once? There can be no reason for delay, with such gentlemen at hand as Drs. Ware, Minot, and F. H. Brown.

One great cause of the ill name that the Faculty seem inclined to attach to Medical Jurisprudence as a separate branch of study, is undoubtedly owing to the fact that those who have attempted to teach it have usually been lawyers who knew nothing whatsoever of physic, or doctors who knew as little of law. And yet it is just precisely this same method, save that its folly would be intensified by subjecting the student to a pair of one-sided and therefore partially ignorant teachers instead of, as now, to a single one, that the Faculty wish to be permitted again to establish.

* Boston Medical and Surgical Journal, October 5, 1871, p. 216.

There should be, we think, a separate and permanent Chair of Medical Jurisprudence, in view of the vital importance to every physician, as well as to the community, of the topics it includes. The chair should be filled by one who has viewed the subject, systematically, from its twofold stand-point; that is to say, by a person who has been not merely a practitioner of medicine, but a student at law, and who knows, as none other possibly can, whereof he speaks.

Can such a person be found? it may be asked. Who more competent, we reply, than John Ordronaux, of Roslyn, N. Y., who already fills the medico-legal chair in half-a-dozen, or perhaps a dozen medical schools, and the only objection to whom could be, that it would seem best for a school that the interest and attractive power of its instructors should be undivided. There have been C. C. Cox of Baltimore, Elwell of Cincinnati, Blankman of California, and others who might be named, each of whom has taken the double degree in Law and Medicine, and who, were they honored by the School as its choice, would confer even more honor upon it by their acceptance than they themselves could receive.

There is another light in which this subject of Medical Jurisprudence must be viewed by the Overseers of the College, that has not been appreciated as yet, it would seem, by the Faculty. We refer to the fact that the science of which we are speaking is as important in its theory and its practice to the members of the bar as to medical men. So truly is this the fact, that were public lectures, say under the auspices of the Lowell Institute, to be given in this city upon Medical Jurisprudence by some first-class man, fitted for his work in the way of which we have spoken, they would be largely attended by legal practitioners. This being the case, it would be a simple measure of worldly wisdom to open the college

course, when properly initiated at the Medical School, also to the members of the Law Class at Cambridge. Should it be thought that such action would be futile or but an experiment, we answer that one of the past Deans of the Medical School, Dr. Shattuck, will testify that there was a time, some years ago, when at the suggestion of the young enthusiast who then occupied the place of "assistant" during the summer session, the Faculty invited the students of the Law School to attend his "recitations" upon Medical Jurisprudence. It was found, so great was the throng that attended, that the Library, which had heretofore sufficed for the summer instruction, and was then fully large enough for the classes of the other teachers, was altogether too small to hold the conjoined students. The janitor, perplexed, threw open one of the "lecture-rooms," and it was used for the purpose. The Dean may have forgotten the reprimand which he sent to the "assistant," in the name of the Faculty, for violating a sacred custom by teaching the class in a room that was to be used only by a full Professor,—as also the second rebuke that so soon followed because it was dared to fill to the class "by lecture" certain gaps concerning points in medical jurisprudence that were untouched by Casper, or Taylor, or Wharton & Stillé. We too would like to forget those old times of red tape, official jealousy, and suppression of young and earnest men by those who have culminated; but the two little notes, in the Dean's handwriting, are just at this moment upon our table. The dead, indeed, sometimes come back to do good service.

AND NOW FOR AN ILLUSTRATION of the truths just stated. Dr. John Scott, of San Francisco, a noted and

withal a noteworthy man, has just experienced in his own person, and simply from the lack of a better knowledge of the great principles of medical jurisprudence upon the part of divers lawyers and a certain professional rival, at once a severe test of what it is to be (a competent practitioner), to do (skilful surgical work), and to suffer (the suspense of a jury-trial, himself as defendant, the damages being laid at fifty thousand dollars); and he has also, by coming out of the ordeal unscathed, achieved a triumph for the whole profession.

The circumstances of this famous case, or rather series of cases, are already somewhat familiar to our readers.* Dr. Scott is a graduate of one of the British schools, formerly practised in India, having charge in that country of a government hospital for women, and was one of the earliest distant members of the Gynæcological Society. He is now the chief of the medical staff attached to a hospital for women at San Francisco. Some time last year a suit for malpractice, with damages at twenty thousand dollars, was brought against him by a hospital patient, it being alleged that an operation he had performed, shaving off the mucous membrane of the os uteri, had resulted in irreparable injury. Dr. Scott, as will be recollected,† presented the case for the consideration of the Gynæcological Society, and obtained from it, after careful inquiry, an unhesitating expression of opinion. Meanwhile, having ascertained that the prosecution had been instituted at the suggestion or with the connivance of another medical man, he threatened his exposure, upon which the plaintiff at once withdrew the suit.

Feeling very naturally aggrieved at having been treated by Dr. — in so unprofessional a manner, Dr.

* See this Journal, August, 1871, p. 68, and September, 1871, p. 130.

† Ibid., August, 1871, p. 68, and September, 1871, p. 130.

Scott published a brief abstract of the circumstances in the "*Pacific Medical and Surgical Journal*," together with the opinions he had received from eminent gynæcologists concerning the case. In presenting its history he remarked, as showing the patient's cachectic condition at the time of operating, and the rapidity, under the circumstances hardly to be expected, with which she had progressed to convalescence, that there had existed "constitutional syphilis." For using these words, a prosecution was now commenced against him for slander, the amount sought to be recovered this time being, as we have stated, no less than fifty thousand dollars. The case being upon the docket while we were in San Francisco, our opinion was sought by the counsel retained by Dr. Scott, Messrs. Hoyt and Sears, and we were thus put in possession of all the evidence. The trial came on upon Oct. 9th, and after three days of very severe contest, terminated in a verdict for the defendant, the jury having been absent from the court-room scarcely "two minutes."*

This trial, as we have said, was one of very great interest to the profession; to the gynæcologist, because of the nice technical points that were made in court, but as well to the general practitioner also; for there exists no physician or surgeon whose fair fame may not be attacked in the same cowardly way as was that of Dr. Scott, by some professional enemy. Doctors Burgess, Davies, Carman, Gibbons (father and son), Bently, Andrie, Webb, and Manning, were called as witnesses, and Dr. Scott testifies, in a private letter we have just received from him, to the fair and honorable course pursued by them all, while upon the stand, toward himself. "I had no idea," he writes, "that I had so many professional friends. Men who were brought into court to testify against me, went on for me."

* San Francisco Evening Bulletin, October 13, 1871.

"Judge Morrison instructed the jury that the defendant pleaded that he was justified in publishing the statement, on the grounds that it was the truth; if, therefore they were of opinion, from the evidence that had been placed before them, that the plaintiff was suffering from the complaint named in the alleged libel, it would be their duty to return a verdict for the defendant."* Or, as another paper, the "Daily Alta," of the same date, has reported it, "The defendant pleads the truth of his assertion, while the plaintiff denies it. You have heard the testimony and opinions of his associates in her treatment, and of experts, giving the symptoms. If you believe their testimony, you will find a verdict for the defendant."

The result of this case will go far to protect us all against many of the dangers to which physicians, and particularly gynæcologists, are exposed. As we have said, had Dr. —, who is said to have instigated the prosecution, been familiar with the legal rights of medical men, he would have hesitated ere so publicly branding himself with infamy; and had the plaintiff's lawyers known a little more of the rules of practice applicable to cases of syphilitic disease, they would hardly have had their hopes of a princely fee so bitterly disappointed.

The Scott-Parkinson case establishes a healthy precedent, in more ways than one, and not for San Francisco alone, but even for Boston, for no longer can conspiracies against a professional reputation be safely indulged in. Dr. Scott, we understand, now intends to commence legal procedures against the "very respectable" backbiter who has caused him so much trouble. This were indeed a turning of the tables that, perhaps, may yet be imitated this side of California.

* Loc. citat.

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OF THE
GYNÆCOLOGICAL SOCIETY OF BOSTON.

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PROCEEDINGS OF THE SOCIETY.

[*Reported by George H. Bixby, Secretary pro tem.*]

FIFTY-EIGHTH REGULAR MEETING, MAY 16, 1871.

THE fifty-eighth regular meeting of the Society was held on the evening of May 16, 1871, at Hotel Pelham, Dr. Warner, in the absence of the President, occupying the chair. Present, Drs. Warner, Field, Martin, Hazeltan, Perkins, Dow, and Bixby; and, by invitation, Dr. I. T. Hunt, of Boston.

The records of the last meeting were read and accepted.

The Secretary read a letter from the Clinical Assistant of the Maternity Hospital at Milan, announcing the death of Professor Pietro Lazzati, of Milan, a Corresponding Member of the Society.

Dr. Bixby exhibited to the Society a foetus and placenta, of about three months, illustrative of

FLOODING FROM RETAINED PLACENTA AFTER
ABORTION,

from a case which he had seen with Dr. Weston. The placenta had been retained for some time, thus giving rise to profuse flooding. Before Dr. B.'s arrival,

Dr. Weston had plugged the vagina, and had ordered stimulants, in order to allow the patient, who was nearly moribund, to rally. Upon removing the plug, the cervix was found to be nearly closed, but large enough, however, to admit a small uterine forceps. With this, small portions of the placenta were removed. Owing to the undilated state of the cervix, and the very feeble condition of the patient, he deemed it best not to proceed further with the manipulations, but to plug again, and wait. This was accordingly done. The next morning, Dr. Weston brought the remaining portion of the placenta to his office. During the night, strong uterine pains had set in, and both placenta and tampon were expelled.

Dr. Weston remarked that he had seen a great many such cases, but never one before where the hemorrhage was so profuse. The patient was completely blanched and pulseless, and once or twice the eyes had become fixed as if in death.

Dr. Martin remarked that during a practice of twenty-nine years he had seen many hundred cases of abortion before the third month; but never a single one where the patient was in a moribund condition from hemorrhage. Dr. Martin thought that in such conditions the pulse might be very quick and faint without necessarily indicating a moribund or even any dangerous condition,—that is, in cases of sudden and somewhat profuse hemorrhage, in a nervous and excited subject. Such a symptom alone did not by any means necessarily indicate great danger, much less impending death.

Dr. Weston stated that he also had seen quite a number of such cases, and he was quite sure in regard to the critical condition of the patient spoken of.

Dr. Martin referred to a case, the severest he had ever seen, in which the patient had effected an abortion upon herself.

Dr. Martin thought it surprising how limited was the use in such cases of so valuable an instrument as

LOOMIS' FORCEPS.

As for himself, he had employed it in innumerable cases, and always with uniform success. His rule was, when the ovum could be touched with the point of the finger, to introduce the forceps, revolve one blade upon the other, and remove the mass. It sometimes happened that the cervix was large enough to admit the instrument, but not sufficiently dilated to be withdrawn with the ovum also. In such a case, it was his custom to leave the forceps in situ for a few moments, and perhaps make gentle traction upon them. As a general thing the manipulation was soon followed by dilatation of the cervix, and a withdrawal of the entire mass.

Dr. Martin remarked that it required considerable tact to use the Loomis' forceps successfully. Formerly he did not introduce them far up enough before closing, and the result was that the ovum was broken to pieces. Latterly, he introduced the blades high up, embraced the entire ovum, and invariably brought it away entire.

Dr. Weston stated that the instrument referred to by Dr. Martin would be useful when the cervix was dilated. In his case it would not have been possible to have employed it.

Dr. Warner said that in the condition referred to by Dr. Weston, he was accustomed to use sponge tents.

Dr. Bixby stated that the reason for his suspending all interference was on account of the extreme feebleness of the patient; to overcome which, he had ordered stimulants and introduced a tampon.

Dr. Martin remarked that if the tampon employed by Dr. Bixby was thrown out with the placenta the next

morning, as stated, it could not have been very effectual in restraining the hemorrhage.

Dr. Bixby said he thought he had packed the patient thoroughly; he certainly used cloths enough, as Dr. Weston could testify. The cause of the expulsion of the tampon was no doubt the extraordinary efforts of a large uterus against an unusually large placenta.

USE OF THE TAMPON.

Dr. Martin said that this only increased his want of faith in tampons; they were uncleanly, and their introduction and removal absolutely cruel, as any one knew who had ever used them. And besides, what was particularly important, they did not always fulfil the requirement of arresting hemorrhage that is claimed for them. Dr. Martin further stated that he had seen quite recently a case of severe hemorrhage after an operation upon the cervix, where he made a tampon of linen rags and cotton wool. Upon his return, he found the bleeding had not been arrested; upon examination, there was a vacant space found around the tampon, large enough to admit the finger.

Dr. Bixby thought the vacant space in Dr. Martin's case was caused by the shrinkage of the wool, after becoming saturated with the secretions.

Dr. Martin stated that linen rags were mostly used.

Dr. Bixby fully agreed with Dr. Martin in regard to the filthiness of the tampon and the actual cruelty inflicted by its use; but in regard to hermetically sealing the vaginal canal by means of small rags closely packed, he had not the slightest doubt. He would add, that in Dr. Weston's case it was not so thoroughly done as it ought to have been. It had often been his duty to remove packings which Dr. Storer had introduced, and

they seemed to be as solid as if they had been moulded. In none of Dr. Storer's cases had he ever seen a particle of blood escape while the vagina was packed; on the contrary, even the rags occupying the upper third of the tampon were ordinarily scarcely stained. For his own part, excepting in cases of sudden emergency, where there was nothing else at hand, he should never again employ rags for a tampon, but he should endeavor to use Braun's colpeurynter. Any physician who had ever used that instrument once, and appreciated with what facility it could be introduced, filled with ice-cold water, and emptied by merely turning a valve, all without the slightest discomfort to the patient, would never again torment a poor woman, whose parts were swollen, inflamed, and not unfrequently excoriated by previous manipulation, by using rags. Out of curiosity he had asked one of our leading manufacturers how many of these instruments he had ever sold, and he believed the number did not exceed six.

Dr. Hazelton said that he had relied on good nourishing diet, with lead and opium, in a recent case of flooding from retained placenta after abortion. After the cervix had dilated sufficiently, he removed the mass with an ordinary polypus forceps.

GALLIC ACID IN UTERINE HEMORRHAGE.

Dr. Weston asked Dr. Hazelton if lead was better than gallic acid.

Dr. Martin asked Dr. Weston if he had had any experience with gallic acid.

Dr. Weston said that he had had considerable experience in its use, and considered it certainly very effectual in arresting hemorrhage.

Dr. Martin stated that he had read Dr. Simpson's

article on gallic acid, and had given it a fair trial. According to his observation, the patient was required to take from one to two drachms, before any effect was perceptible.

Dr. Warner agreed with Dr. Martin, and said that he relied more upon opium than anything else.

Dr. Hazelton asked if opium was really necessary in such cases.

Dr. Martin thought that opium served to allay the irritable action of the uterus.

Adjourned.

FIFTY-NINTH REGULAR MEETING, JUNE 6, 1871.

The fifty-ninth regular meeting of the Society was held on the evening of June 6, at Hotel Pelham, Dr. George P. Greeley occupying the chair. Present, Drs. Warner, Martin, Weston, Perkins, Greeley, and Bixby; also, by invitation, Dr. R. F. Andrews, of Gardner, Mass.

Dr. Martin desired to say that the case referred to in the report of the last meeting, where the tampon had failed to arrest hemorrhage, was one of secondary hemorrhage after a surgical operation, where large vessels had been severed: an entirely different state than obtains in post-partum hemorrhage, or in menorrhagia.

Dr. Bixby stated, on the other hand, that some of the cases that he had referred to, in which he had seen the tampon so effectually used, were after surgical operations, as for the removal of polypi, both of the cervix and fundus uteri, for intra-mural fibrous tumor, and for cancer of the fundus.

The report was now accepted.

The Secretary reported the following donations to the library: from Dr. Ferdinand Kehrler, of Giessen, his

work upon Comparative and Experimental Midwifery, in two volumes, containing respectively researches upon Contraction of the Pelvic Canals, and the Comparative Physiology of Parturition in Man and the Lower Mammals: also his monographs upon Caseine in Milk, the Causes of the Discrepancy in the Weight of New-born Infants, and Apnoea in the New-born, and description of a Folding Pelvimeter; from Dr. Dohrn, of Marburg, the following papers by himself: The present Status of the Study of Puerperal Eclampsia; also, another entitled Certain Points in Embryology, especially "Müller's Canal"; also, the following inaugural dissertations: The Occurrence of Premature Deglutition simultaneously with Intra-uterine Respiration, by Dr. C. Schantz, of Oberkaufungen; Respiration during Labor, with a case, by Dr. Carl H. A. Müller, of Wiedebach; The Influence of the Inclination of the Sacrum upon the General Formation of the Pelvis, by Dr. Carl Schwartzkopf, of Cassel; Hyperplasia of the Decidua, by Dr. Friedrich Vom Hofe, of Altena; Spontaneous Rupture of the Uterus, by Dr. C. R. S. Lorentzen, of Ladelund; General Narrowness of the Pelvis, by Dr. Heinrich Ries, of Brackel, Westphalia; Atresia Ani, with Double Uterus and Vagina, by Dr. Theodore Weiss, of Liebenau; Narrowness of the Pelvic Outlet, by Dr. Friedrich Dedolph, of Hofgeismar; A Memoir upon the Mechanism of Labor, an Attempt to account for certain Changes of the Position of the Fœtal Head, by Dr. Heinrich Lahs; all of which were presented by Dr. Dohrn: from Dr. Friedrich Schatz, of Leipsic, The Histories of Seven Cases of Imperfect Union of the Vagina in Adults, observed in the Leipsic Obstetrical Clinic.

Dr. Bixby exhibited to the Society two specimens of the wood of

CUNDURANGO,

the newly-discovered South American alleged remedy for cancer, scrofula, syphilis, and other zymotic diseases, of which gentlemen had doubtless read accounts in the current medical journals. Dr. Bixby then read from the "National Medical Journal," of Washington, for May, 1871, a somewhat extended correspondence between the Department of State and the American Minister at Ecuador, containing a history of the discovery of the alleged remedy, a summary of the experience of several resident physicians, and their suggestions to the profession of the United States upon its use.

Dr. Martin exhibited a

MODIFICATION OF THE WINGED CATHETER,

which he had shown to the Society some time since. It consisted of two slots, or regular depressions, immediately below the spurs, which, instead of lying upon the surface as in the other instrument, and thus affording more or less of an obstacle, fell directly into the slots, making the instrument, during its passage through the urethra, of a uniform calibre.

Dr. Bixby thought it an important modification. It was one, however, which he himself had suggested to Dr. Martin when the instrument was exhibited before; in proof of this, he could exhibit a winged catheter upon which he had tried to accomplish the same end, by cutting out small pieces at each side of the instrument at parts corresponding with the slots.

Dr. Martin reported the case of an old person, of nearly eighty years, who was now using an instrument of the kind with the greatest amount of relief and comfort. At first he did not feel quite sure of

the safety of allowing it to remain very long, without removal and cleansing, supposing that possibly the salts of the urine might be deposited around the extremity and prevent its withdrawal. To ascertain this fact, he frequently moved it up and down, and in order to make doubly sure, he had removed it altogether; he found no deposit upon the catheter, and immediately returned it. The comfort afforded by this simple contrivance was incalculable, and the patient would not part with it for anything. Dr. Martin said that the appearance of the spurs or wings might seem objectionable to a patient, when contemplating the idea that they were to be forced through the entire length of the urethra; but the value of the instrument would be appreciated by any one who had had much experience in the treatment of old bladder and prostatic troubles; for in these cases the physician is liable to be called at all hours of the night or day to draw the urine. There could thus be saved a great deal of annoyance to himself, and anxiety in regard to the condition of his patient.

Dr. Bixby stated that he had seen considerable of prostatic troubles, and he remembered one case, of which he had had the care for a number of years. In this instance, the patient actually drew his own water every three hours, night and day, for twelve years, with a metallic catheter, and finally died, at not a very advanced age. The amount of the acutest suffering which might be saved in such a case was incalculable. Since Dr. Martin first exhibited this instrument, he had used it in three cases, with the most satisfactory results:—in a case of hæmatocele, a case of pelvic abscess, and in a case of hemorrhage from cancer of the cervix, where Braun's colpeurynter had been introduced, and inflated to an extent that interfered with voluntary micturition.

Dr. Martin thought that the same principles would

apply to the female as to the male retaining catheter, as, for instance, after confinement where chloroform had been used, or in any case where a self-retaining catheter was required.

Dr. Bixby thought that the instrument needed no modification; its length was no objection to its being used as a female catheter.

Dr. Andrews reported a case of

RETROFLEXION, WITH ENDOMETRITIS, AND PELVIC ADHESIONS, TREATED BY A NOVEL METHOD.

The patient consulted him, for the reason that when she walked she was obliged to assume the position of the Grecian bend, in consequence of painful sensations within the pelvis. She was thirty-eight years of age, had had three living children, and miscarried several times. Upon examination, the uterus was found to be retroflexed and fixed, the os patulous, and the uterine cavity measuring about three inches. An attempt to raise the uterus by means of the sound within the cavity, and the finger pressing against the fundus per vaginam, was found to be impossible. The treatment consisted in repeated attempts at raising the uterus, and applications of tincture of iodine to the fundus once per week. The uterus diminished in size, and the general symptoms improved; shortly afterwards the patient became pregnant. At the third month, fearing abortion from the fixed condition of the uterus, he succeeded by strong pressure behind the uterus in tearing it from its adhesions posteriorly. Considerable pelvic inflammation followed this procedure; this was combated with opium, and shortly subsided. A medium-sized Meigs ring was now introduced, and answered admirably in keeping the uterus in a tolerably proper position. The

pain which persisted through pregnancy was treated with McMunn's Elixir. Some time afterwards, the first pessary was removed and a larger one inserted, and worn until the seventh month. Matters progressed favorably to term, and upon the very day predicted by Dr. A., she gave birth, with easy labor, to a fine child. Since recovery, she had ridden sixteen miles, — something she had not done for years before.

Dr. Weston asked Dr. Andrews if the womb was at first enlarged.

Dr. A. said that he had stated in his report that it measured three inches.

Dr. Martin inquired if the uterus, after recovery, resumed its abnormal position.

Dr. Andrews replied that it did, but in a much less degree.

Dr. Greeley asked if there had been much sickness at the stomach.

Dr. Andrews replied that there had been considerable reflex disturbance, for which he had given the oxalate of cerium.

Dr. Weston asked if the patient was of small stature.

Dr. Andrews replied that she was of medium size.

Dr. Andrews reported a case illustrative of

THE EVILS OF THE NEGLECT OF A THOROUGH EXAMINATION.

The patient had been ill two years. She had a severe cough, and became emaciated, with loss of appetite and a constant discharge of blood from the rectum. Notwithstanding this, no examination had ever been made, but the patient had been given up, as about gone in consumption. An examination of the rectum revealed a polypus, or tumor, situated above the sphincter, the

size of a small English walnut. The tumor being removed with the ecraseur, all bleeding at once ceased, and the patient had fully regained her health. She had been treated for nearly three years, by the physician previously in attendance, by washes only.

Dr. Martin asked what was the exact point of attachment, the color and consistency of the tumor removed, and if it were pediculated.

Dr. Andrews replied that so far as he could judge, it was situated near the upper margin of the sphincter, its body lying superior to that muscle, and that it was quite firm, with a small ulcerated spot on its surface.

Dr. Martin said that he had seen polypi of the rectum, but very rarely however. In regard to the neglect of making a careful examination, it was one of the most common errors in practice. He had repeatedly been called to treat cases where physicians had made their visits year in and year out, prescribed washes, etc., but never suggested the idea of a rectal examination. This course on the part of regular practitioners threw a vast number of cases into the hands of quacks. He knew a man in Boston, who made many thousand dollars each year, in the treatment of anal diseases, who purposely avoided all severe cases, treating fistula by inserting a string, which he tightened a little every day, and therefore charged a large fee. In former times any operative procedure upon the rectum, or any attempt to arrest an habitual discharge from those parts, was supposed to be contra-indicated in subjects of a consumptive tendency. Dr. Martin related the history of a case, where the patient, suffering from fistula, had a small cavity under the left clavicle. He inserted a seton over that region, operated for the fistula, and the patient fully recovered. This patient had been treated three months by Dr. Bowditch, and there never had been any refer-

ence made to the existence of the fistula, much less an examination made.

Dr. Martin mentioned the case of a woman suffering from some unusual disease of the rectum, who brought with her a bottle containing a quantity of peculiarly colored membranes resembling egg-shells, some of them as large as a fifty-cent piece, which she had been passing for two years. He had not yet examined the case very thoroughly, but had ordered weak injections of nitrate of silver. He intended in due time to rupture the sphincter and examine the case more thoroughly.

Dr. Bixby stated that he had had under his care a patient suffering probably from the same trouble. The patient, a woman aged forty, married, had never had any children, had been sick for twelve years, and for two years had been passing this peculiar membrane, or cast, resembling that spoken of in Dr. Martin's case. Upon referring to different authorities, among others Drs. Simpson and Watson, he was disposed to class it under the head of eruptive diseases of the intestine. In his patient the disease was localized and seemed to occur in paroxysms; during these, the seat of the trouble was very sensitive upon pressure, and not unfrequently caused severe tenesmus and was attended with constitutional disturbance, such as fainting, depression, and vomiting, from which she did not rally for weeks afterwards. Generally, about one week after the occurrence of the paroxysm, there passed large quantities of this membrane, which Dr. Watson describes as resembling chewed walnuts, sometimes in the form of long shreds, and at others in that of round balls which could be unravelled, and were found to be composed of these different-colored shreds. He had therefore treated this case with Fowler's Solution internally, and counter-irritation externally along the tract of the

intestine, kept up for some time; also by soothing injections, such as glycerine, chlorate of potash, gum, or starch water, before and after the stool. In the course of a few weeks there had been a decided change in the symptoms, and, when last seen, the patient was not passing any more membranes, and was better in many other respects. She had always complained of obstinate constipation. The case was a very complicated one, the patient having suffered from uterine and other troubles. He intended soon to report the history in full.

Dr. Martin asked Dr. Bixby how long the patient had taken the arsenical preparation.

Dr. Bixby stated, he was not sure, but he believed it was four or five weeks.

Adjourned.

AN OUTLINE HISTORY OF AMERICAN GYNÆCOLOGY.

BY HORATIO ROBINSON STORER.

[*Read before the Society, Nov. 21, 1870.*] *

III.

IN our last paper we stated that from 1856 to 1864 there were no communications made to the Massachusetts Medical Society, of a gynæcological character. Though this was the case, so far as concerned any direct articles upon the subject, it may be proper somewhat to modify the statement, in view of a casual allusion, to which we shall now refer. In 1860, Dr. John Ware's essay upon "Hemoptysis as a Symptom" appeared, being issued, as that of Dr. Lyman's upon Ovariectomy† had been, among the so-called "Publications" of the Society, as contra-distinguished from the

* Continued from this Journal, August, 1869, p. 103, and November, 1869, p. 292.

† See this Journal, November, 1869, p. 303.

less pretentious, but often as valuable "Medical Communications." Dr. Ware, whose skill as a general practitioner has never been surpassed in New England, did not lose sight of the intimate relation between the thoracic and pelvic organs in women, although at that time very little was known of this interdependence, and, still less, its importance appreciated, in comparison with what obtains at the present day. Our lamented teacher thus discourses upon the subject: —

"While we are uninformed as to the real causes which determine the occurrence of this symptom, there is no want of disposition on the part of patients themselves to find a sufficient account for every attack. The state of the stomach, and 'being bilious' are often referred to; but 'taking cold' is that to which it is most commonly attributed. Now, although there is hardly anything in the causation of disease of which we know more than of the *general* influence of cold in this respect, there is, on the other hand, hardly anything of which we know less than of the laws and mode of its operation in *particular* cases. We know very well that the continued cold of winter produces a tendency to a certain class of diseases; but there is seldom an individual case of these diseases in which we can satisfy ourselves how, where, or when, the patient was exposed to those special operations of this cause which have developed it in the particular instance.

"Very much the same line of remark may be followed in respect to the connection of hemoptysis with the function of the uterus. It is common to speak of it as vicarious of menstruation. A truly vicarious menstruation—that is, where blood appears from the lungs instead of the natural flow from the womb, and from no other cause—I have hardly seen. Nearly all, if not all of the cases called vicarious, where the subsequent history

of the patient has been known, have proved to be tubercular in their essential character. Yet that the condition of the uterus has a decided influence in the production of this symptom, I cannot doubt, nor of the intimate connection which exists in many respects between the state of the lungs and that of this organ. The very general suspension of the catamenia as phthisis advances, sufficiently shows this, for it can hardly be attributed to the simple exhaustion of the system. It often takes place while the patient is still in comparatively good general health, while it does *not* as often take place in cases of similar exhaustion from other causes. It is quite common also for hemoptysis, in young females, to be preceded, accompanied, or followed, by disturbances of the catamenia. Hemoptysis will sometimes take place instead of them, or with them, or before them, or after them; but experience has strongly impressed upon me a melancholy foreboding in such cases, and it has too often proved to be well founded. That there are cases of vicarious hemorrhage from the lungs I cannot doubt, but the belief in its frequent occurrence, I greatly fear, is due to the readiness with which we yield ourselves to the most favorable explanation of unfavorable symptoms. The most exact expression of the fact in these cases I apprehend to be this, that hemoptysis does not often take place in such cases except in those who are predisposed to phthisis, and the disturbance in the function of the uterus rather determines a symptom than produces a disease." *

In 1864, Dr. J. Mason Warren delivered his address before the Massachusetts Medical Society, upon "Recent Progress in Surgery." In the course of it he incidentally alludes to the treatment of several of the diseases of women.

* Publications of the Massachusetts Medical Society, 1860, Vol. I., No. III., p. 314.

In speaking of vesico-vaginal fistula, Dr. Warren makes a remark which he subsequently echoes in the work published shortly before his death, but with which we cannot coincide. "For a time," he says, "metallic sutures were held in high estimation, and were employed in almost all departments of operative surgery; but a more extended trial has failed to demonstrate that superiority which was claimed for them over silk or linen threads, and the greater inconvenience which attends their employment has already led to their abandonment by some of the best surgeons."* He fairly, but very briefly, speaks of ovariectomy, the removal of large fibrous tumors, and amputation of the cervix uteri for longitudinal hypertrophy.

In 1865, Dr. H. R. Storer read papers to the Society upon his "Clamp-Shield for the Operation of Removing the Uterus by Abdominal Section,"† and upon "The Abetment of Criminal Abortion by Medical Men."‡ In view of the treatment his former communication to the Society, upon Anæsthetics in Obstetric Medicine and Surgery, had received, § Dr. Storer refused to allow these papers to appear in the Publications of the Society, although he was requested by a formal vote to permit it. The articles, as stated above, were published elsewhere.

In 1867, Dr. John Homans, Jr., of Boston, contributed an article upon the "Pathology and Treatment of Vaginal Cystocele;" this paper, as well as those by Drs. Lyman and Ware, and the one next noticed, being printed in the so-called Publications of the Society, as distinguished from the Medical Communications.

* Med. Com. of the Mass. Med. Society, 1864, p. 312.

† New York Medical Record, 15th October, 1866, p. 335; and Transactions of the American Medical Association, Vol. xvii., 1866, p. 207.

‡ New York Medical Journal, September, 1866, p. 422.

§ See this Journal, November, 1869, p. 309.

Dr. Homans gives an excellent resumé of the methods of operating employed by Jobert de Lamballe, Baker Brown, Marion Sims, and Emmet, and details a case of his own, illustrating by a wood-cut the condition of the patient prior to the operation.

In 1869, Dr. A. D. Sinclair, of Boston, read a paper before the Society upon "Myxoma, or Hyperplasia of the Villi of the Chorion," detailing an interesting case.* As the article is short, we shall copy it entire.

"Myxoma, or Hyperplasia of the Villi of the Chorion, are terms expressive of a morbid condition which has hitherto attracted but little attention from pathologists. Hypertrophy of one or more villi of the chorion has been occasionally noticed. Nothing like extensive growths, however, of this nature are mentioned in works on Midwifery or Diseases of Women. The ordinary hydatidiform or vesicular mole is familiar to all of us, either from the description of writers, or the actual observance of specimens which are not very infrequent in their occurrence. A condition of things resembling the specimen to which I am about to direct the attention of the Society, is described by Virchow, in his work on the Pathology of Tumors, under the title of fibrous myxoma of the placenta. But the extraordinary specimen described and figured by this learned pathologist was comparatively limited in extent, for it was confined to one of the cotyledons of an otherwise healthy placenta of a seven months' fœtus; whereas in the specimen now under consideration all of the villi of the chorion are implicated in this remarkable hypertrophy. The distinguished pathologist, already referred to, attributes abnormal conditions of the chorion villi to an endometritis of the de-

* Publications of the Massachusetts Medical Society, Vol. III., No. 1., 1869, p. 3.

cidua; and has observed, in several instances, inflammatory thickening in the caduca, or membrana decidua of the vesicular mole.

"Mrs. —, aged forty, mother of seven living children, youngest about four years old, aborted after her first and fifth conceptions, about the third month. She married at the age of nineteen years, since then has suffered, more or less, from indigestion and constipation, but has had a fair appetite and continued moderately fleshy. Catamenia, regular, with some pain, were last present on Jan. 27th, 1868. Not long afterwards I was called to visit her, and found her suffering from nausea, heart-burn, and general discomfort of the stomach and bowels; no vomiting. Having experienced similar sensations after former conceptions, left little doubt in her mind that she was again pregnant. Except the discomfort already alluded to, nothing remarkable occurred until the 10th of May, when she noticed, for the first time, her linen slightly stained with a somewhat bloody matter, which appeared at intervals, for the next four days, with a slight pain occasionally felt in the uterine region.

"Near midnight on May 14th, she was suddenly seized with an alarming hemorrhage, causing her to faint and become pale, as if dead. She had recovered her senses before I arrived, but the pallor which remained, together with the appearance of the bed on which she lay, bore evidence of a frightful loss of blood.

"On examination, the uterus felt like that of a woman in the fifth month of pregnancy; the os rigid, though sufficiently dilated to admit the index finger. Hemorrhage had ceased. Careful examination of the clots discovered only a small foetus, having the appearance of

full three months' growth. Restoratives were used and the vagina plugged to prevent further hemorrhage. The uterus remained quiet during the remainder of the night, and on the following morning the tampon was replaced by a fresh one and ergot administered. The uterus appeared to partake of the general physical prostration consequent upon the profuse hemorrhage, and it responded more feebly to the influence of the means employed than might be expected in an organ so largely developed. A large sponge tent was then substituted for the tampon, and the ergot continued. This dilated the cervix and excited uterine contractions, expelling large quantities of bloody fluid, and opaque, flattened, flesh-colored bodies, irregular in size and form, many of which looked like pieces of decidua, generally longer than they were wide, and measuring from about three to ten or twelve lines in length; others consisted of tuberosities strung together by more or less elongated and constricted portions. Many of these strings measured from two to five inches in length. All of these bodies were covered with a thin membrane (exochorion), from which sprung numerous bud-like processes, varying from one to three lines in length. Nowhere did these growths present the vesicular appearance which characterizes hydatidiform degeneration of the chorion villi, and when placed in a basin of water they sank to the bottom like pieces of flesh. Sponge tents and ergot were repeated at intervals, followed by discharges similar to that described, though gradually lessening in quantity, but the last of these bodies were not expelled until the eighteenth day from the time of the first hemorrhage. No membranes were found, although these might have escaped notice among such masses. The quantity of these bodies discharged would more than fill a quart measure.

"On microscopic examination of these bodies, which had been in alcohol for more than twelve months, they were found to consist, essentially, of mucous tissue, or more literally, cells, with here and there an indistinct fibrous appearance. Fatty metamorphosis had commenced in the tissue. The largest tuberosities contained masses of blood corpuscles and granular debris. No blood-vessels were found, though searched for diligently.

"Since the time of Aristotle, some writers have asserted that degeneration of the chorion villi is consequent upon the death of the embryo, while by others the contrary of this is maintained. Without entering into discussion, this one fact may be pointed out for the benefit of those who do not believe pathological changes of the chorion villi the result of the death of the embryo; viz., that before us is a fœtus of full three months' development, accompanied by one of the most remarkable conditions of the chorion villi perhaps ever observed."

In the same volume of the Society's Publications, that for 1869, is a very scientific and sensible paper by Dr. Robert T. Edes, upon "The Formation and Significance of Renal Casts," in the course of which the albuminuria of pregnancy and that attending puerperal convulsions, is discussed in a manner exceedingly lucid and satisfactory, as will be seen.

"One of the most practical questions," says Dr. Edes, "in this matter is, whether the presence of casts, of any or all kinds, indicates irreparable lesion of some portion of the kidney; and another, supposing the tubes from which the casts actually come to be disabled from further action, whether it follows that the process must go on until too little of the kidney is left to perform its func-

tions. I think we may give favorable answers to these questions on various grounds.

"As to the first question: on anatomical grounds we know that many casts are formed inside of the epithelium, this remaining attached to the tube. The size often shows this, and I have seen, in a diseased kidney, a solid mass filling the inside of many tubes, the lining cells, although present, being thin and small.

"It is a question whether this atrophy might not be produced by the pressure of the effusion within the tube, somewhat as atrophy of the lung is caused by pressure from effusion in the pleura.

"Casts formed in this way must principally consist of effusion, and not of the natural contents of the tube. They are hyaline, but sometimes include a little epithelium, a few granules, or fat globules.

"The most conclusive answer to the first question, however, comes from clinical experience." . . . "Possibly the discharge of renal epithelium into the urine is analogous to the desquamation of the cuticle, and goes on just as normally and physiologically as the former process, being undetected because not looked for, and harmless unless other circumstances interfere with its proper course, or unless excessive in amount.

"The condition of the kidney when casts occur may be and probably is usually but little more than that of congestion."

"A class of cases," he continues, "in which a less favorable prognosis attaches to the presence of casts in the urine, occurs in the puerperal condition. The connection of puerperal convulsions with albuminous urine and a certain amount of disturbance of the kidneys, is a generally admitted fact, though all the steps of the causation are by no means satisfactorily made out.

"How large a proportion of puerperal women would

show a deposit of urinary casts at some time or other, whether there were cerebral symptoms or not, is a subject as yet but little investigated, and demanding much time and patience.

"A case or two will illustrate their occurrence without symptoms so severe as might have been anticipated, and one of them under peculiarly unfavorable circumstances.

"A hard-working Irish woman, the mother of ten children, had a severe attack of erysipelas extending up the right arm from the thumb, and the hand with a considerable part of the forearm became gangrenous. On the sixth day the urine was slightly albuminous and contained a few casts. That evening she was delivered of a five or six months' fœtus. Two days after, her urine contained no albumen, but casts, granular and transparent, containing each a few epithelial cells. Here were apparently three conditions having very perilous relations to each other.

"In the first place, erysipelas has been considered very closely allied to some forms of puerperal fever. Then the condition of the kidneys usually supposed to be connected with the presence of casts makes the prognosis of erysipelas unfavorable in the highest degree.

"Erichsen says, 'The most dangerous complication of erysipelas, and one which, when it exists, almost precludes the hope of recovery, is a granular state of the kidneys, with albuminuria. I have never seen any patient laboring under this disease and attacked with erysipelas escape with life; the sloughing and suppuration running on unchecked by any treatment that could be adopted.'

"The same condition also is one of the last which the surgeon wishes to see in a patient on whom he is to operate.

"The sequel of this case was that there was never a bad symptom, or, in fact, any symptom at all worth mentioning, on the part of the uterus or the peritoneum, that the arm was amputated, the stump healing quite well, and that the patient is now a healthy, strong-looking woman."

"I presume the recollection of those here present would furnish many examples of the occurrence of albumen and casts in cases of puerperal convulsions, the patients afterward recovering."

"I have several times examined, for a friend, specimens of urine which have been albuminous and contained casts, from a patient who had puerperal convulsions, but who is now about, and considers herself nearly well, the abnormal constituents having been detected long after her convalescence and up to the time of the last examination." . . .

"Does it follow," again, "if these views are correct, that the occurrence of casts is a symptom of no consequence, and that it is a waste of time in such cases to spend it over the microscope?"

"I think it is rather the contrary; since a diagnosis at a stage when good results may be looked for from judicious treatment, is of more importance than the confirmation of an already sufficiently unfavorable prognosis."

"These data must be taken into the account just as others derived from excreta are, and a diagnosis and plan of therapeutics founded on them, together with all other symptoms of the special case." . . .

"The importance," once more, "of the discovery of casts in a puerperal case is somewhat similar to that which might be attached to the occurrence of viscid bloody sputa in a case of some serious chronic disease, or after an operation. They indicate a condition calling

for watchfulness and care, but one which may be perfectly recovered from.

"In idiopathic chronic cases their meaning might be compared to that of the shreds of lung tissue which have occasionally, by patient search, been found in the sputa of phthisis. Their occurrence is then a more serious matter, but as we know that a tubercular cavity may heal and leave only a scar or hard nodule, so we may hope that only a part of the kidney may be destroyed, and the remainder be sufficient, if carefully treated, for its duties. . . .

"The practical lesson of what I have said may be expressed in a very few words.

"Look early and thoroughly for casts, but do not despair of your patient if you find them." *

It was in 1869, also, that Dr. Alfred Hitchcock, of Fitchburg, the Society's orator for the year, and no less known for his wisdom in political affairs and his earnestness as a Christian, than for his medical skill, recalled attention to the influence of Criminal Abortion in producing uterine disease. Dr. H. thus rivets attention upon this one of the "organic and parallel relations of Christianity and medical science."

"Clairvoyance and spiritualism, or the practice of invoking the souls of the dead to cure the bodies and guide the morals of the living; inebriety as a sin and a disease; and pre-infanticide, not an imitation, but a forestalling of the work of Herod, together make a tripod of crime which in this nineteenth century not only permeates with leprous poison the heart of American society, but already, like a huge melanotic cancer, deforms its body and threatens to make it loathsome to sight and touch. . . .

"Pre-infanticide, the last named, but not the least of

* Publications of the Mass. Med. Society. Vol. III., No. 1, 1869; p. 22.

the trio, in producing immense physical and moral damage to society, is an evil demanding the united influence of both professions for its abatement. Wherever or on whomsoever rests the responsibility for the modern increase of this evil, the principles of religion and medical science in their bearing on this subject should all be used to educate the people, and expose the enormous physical, intellectual and moral depravity which this crime induces.

"This home crime in Christian America, this concealed skeleton around the domestic hearth, shatters the female constitution, destroys physical and moral health, perverts natural affection at the fountain, lowers the general sense of individual virtue, and the sacredness of human life, and is a barbaric stain and disgrace to Christian civilization.

"Some bold and honest spirits in both professions have not feared to sound the slogan and wield the claymore against this monstrous and degrading evil; while many more Doctors in Divinity and Medicine, who doubtless in their consciences timidly approve of aggressive war in the quarters of this vice, have as yet only courage in the *gristle*, waiting for ossification to enable them openly to preach and practise against this pagan crime.

"This is an evil demanding the enlightened vigilance and energetic opposition of every intelligent and reasoning Christian, whether clergyman, layman, or physician.

"In this connection it is but justice to say, that the Catholic Church, in reference to Pre-infanticide and Spiritism, is less derelict of her duty than the Protestant Church. Why it is so, I will not here inquire or attempt to explain, but the fact is patent and undeniable, and Protestantism, especially in America, must bear

the disgrace or rouse itself to resist and overthrow the crime and the delusion.

"Every city and almost every village in this Commonwealth has its Herod, its Simon Magus or Elymas, with their premature killings, magic, and sorceries, but lamentably few John the Baptists, or Peters, or Pauls, to denounce them as 'enemies of all righteousness,' and warn the people against their iniquities." *

The direct work of the Massachusetts Medical Society towards developing gynæcological science is thus brought down to the present time. We shall now refer to the several collateral publications under its auspices, comprised in the "Library of Practical Medicine."

(To be continued.)

REFLEX INSANITY BENEFITED BY LOCAL TREATMENT.

BY GEORGE B. COX, TULLAHOMA, TENNESSEE.

(Communicated to the Society and read October 17, 1871.)

MISS —, an estimable young lady of twenty, unmarried, came under my care in May last. Has been a great sufferer since the age of thirteen, when menstruation first commenced. Has always had excessive dysmenorrhœa. Has become very nervous and hysterical. Could not sit still for a minute. Had tetanic spasmodic action of the muscles; jerking her head; inability to fix her attention on any subject; could neither read nor sew; would cry immoderately on very slight provocation; would seek to run off and hide in the woods; at times would become perfectly frenzied, and could not be controlled except by force or anæsthesia; occasionally has decided suicidal mania; has suffered much from intense

* Med. Com. of the Mass. Med. Society, 1869, p. 109.

burning pain in the bladder and urethra, which persists in spite of all the remedies I can use; inability to pass water.

Very often, and more particularly during the menstrual week, I am compelled to use a catheter to evacuate the bladder. Had persistent constipation, — at times the bowels would not be moved for ten or twelve days. Has had great pain in the ovarian region, more particularly in the left side, down the limb to the knee, and in the left breast, and is never free from pain. Has been treated by several physicians, who failed to get at the real cause of her suffering. Several years ago had ulceration of the cornea, for which she was treated by a physician in Wheeling, Va., who treated her eyes locally, but failed to detect the disturbing cause. Last winter a physician in Ohio prescribed, and kept her on, spirits of turpentine for several weeks for inflammation of the bladder. This only made matters worse.

On making the first examination, in May last, I found great spasmodic action of all the pelvic muscles. The finger could scarcely be passed into either vagina or rectum. The urethra was large enough to easily admit the forefinger, but would be excited to spasms by the passage of urine or catheter.

So great was this spasmodic action of the muscles that it was at times very difficult to remove the catheter after drawing off the urine. I at once evacuated the intestinal canal by cathartic enemata, and have sought to keep the bowels open. Have succeeded best by colocynth, conium and nux vomica in pill. Gave nervines and anti-spasmodics until the pelvic muscles were relaxed, and I could examine the uterus.

Found the uterus as high in the pelvis as the normal position, but with the os resting against the right lateral wall of the vagina, pressing against the rectum and

toward the right iliac fossa. The fundus, I thought, was thrown to the left, and forward against the bladder.

Found the uterus very hard and unyielding under pressure, and very sensitive, even slight pressure producing great pain and nervousness.

At first had to use a very small-sized speculum. Could succeed in bringing the os into view by careful manipulation.

Found the os and cervical canal very persistently occluded by induration of the walls. So great was this occlusion that for weeks could with difficulty pass a small silver sound only just within the os.

Made weekly applications of tinct. iodine or bromide of iodine with glycerine and Mecca oil.

Could not use the caustic on account of the pain and nervousness it produced. The case seemed to improve but little. Later, I applied a solution of one part acid nitrate of mercury to three parts water. This produced such terrible pain and nervous frenzy that for a time I was alarmed for the safety of my patient. The application was followed in a day or two by a free discharge of pus streaked with blood. The time of making the application was about midway between the menstrual periods; and I did not make any further applications, until another period had passed and the patient was rested. I then found that the induration and engorgement had considerably subsided, and I could readily pass a Simpson's sound to the os internum.

I then attempted to dilate the uterus by a sponge tent, using a very small, slender one. I got the tent well introduced, but after letting it remain a few hours, found that it was causing great nervous disturbance, and at once withdrew it. So great was the nervous disturbance, however, that my patient attempted suicide, and succeeded in swallowing nearly the whole contents

of a vial of McMunn's elixir; so that I with difficulty saved her from death. After the greatest danger was passed, and while she was yet profoundly under the influence of the drug, I took advantage of her condition to make a more thorough examination of the pelvic viscera than I had yet done. By conjoined manipulation, I succeeded in bringing the uterus down so that with the left forefinger within the vagina and the right hand applied to the abdomen, I could detect its size and condition. Found it about normal in size, slightly anteverted, and very much indurated; feeling almost as hard as though it were made of wood. The os and cervical canal are open, and a softening process has commenced in the neck. The tetanic twitching has subsided, also much of the soreness along the spinal column. The nervous system shows decided improvement. The circulation is good, and the nutritive functions are well performed. Color excellent.

I have treated a number of cases of uterine disease, one of them very similar to this, but not so complicated. Am I right in my treatment of the case? and can I expect to make a cure?

THE DETECTION OF CRIMINAL ABORTION.

BY ELY VAN DE WARKER, SYRACUSE, N. Y.

[*Communicated to the Society, and read March 7, 1871.*]*

III.

REFLEX ABORTIFACIENTS.

REFLEX abortifacients (*b*), which act as abortifacients by reflex irritation from a (usually) contiguous organ, embrace all those agents, which, by irritation of

* Continued from this Journal, May, 1871, p. 292, and October, 1871, p. 229.

the pelvic viscera, stomach, or intestines, or by a toxical effect upon the system, induce changes in the circulation or innervation of the womb, and render it untenable of its foetal contents.

Aloes.—The drug which may stand as the type of the reflex abortifacient, is aloes. It is rarely given unless in combination. It forms a leading ingredient in all the emmenagogue pills sold as proprietary articles. I believe that if those nostrums known as female pills ever succeed in causing an abortion, it is through the abortifacient power of the aloes. The dose of these pills is uniformly large; and when taken in the full dose stated in the printed directions, a powerful cathartic effect is produced. The dose is repeated from two to three times a day, and the use of the nostrum is continued from one to two weeks. This is the manner in which they are employed when the intent is criminal. The result of this excessive medication is a profound impression upon the circulation and innervation, especially of the pelvic contents. This hyper-catharsis causes great tenesmus, and hemorrhoids, syncope, and trembling limbs. In one case which came to my knowledge, the poor, misguided child—for she was but little more in years—took repeatedly doses of fifteen pills, of the kind called "Sir James Clark's," in her desperate anxiety. The only result was hyper-catharsis and extreme prostration, and months after, her health was not restored. Disastrous as were the effects, the case presented a strongly comic element. The girl was not pregnant, and all her pain was the result of a false alarm.

We cannot gauge the action of aloes as an abortifacient by the effects produced by its legitimate use. When emmenagogue pills, composed largely of aloes, are used with a criminal purpose, they are used to the

degree of hyper-catharsis. This condition is prolonged for days and even weeks. When a woman has the courage to persevere in this, it is not a mystery that she aborts, but it is that any foetus should escape such a determined assault with this weapon.

There are anatomical reasons why aloes used in this manner should prove an abortifacient. Aloes is a powerful stimulant of the lower bowels, especially of the rectum. It also possesses this peculiar trait; stimulant in its general action, rather than sedative or depletory, the circulation being accelerated.* It is not difficult to account for the symptoms resulting from its prolonged use. The excessive tenesmus and heat and fulness at the anus are the result of rectal engorgement. The middle hemorrhoidal artery, and the uterine and vaginal arteries arise from the anterior trunk of the internal iliac. In addition to the juxtaposition of these parts they have a common blood supply. It is difficult to conceive how prolonged hyperæmia of the walls of the gut could occur without the womb and vagina partaking of this state of blood stasis. This is theoretically why aloes is an emmenagogue, as affirmed by the old writers. Not only the direct action of the drug, but the resulting tenesmus, must cause an increased flow of blood down the trunk of the internal iliac, of which the womb, vagina, bladder, and rectum receive their *pro rata* share. Without taking into consideration the theory, that inhibitory nerve action may prevent the sexual organs participating *pro rata* in the rectal hyperæmia, we have just anatomical reasons for regarding the drug as imminently dangerous to the safety of the foetus.

Considered in its reflex relations to the uterus, the drug plays an important part. The extreme of irri-

* Stillé, Therap. & Mat. Med., II., p. 570.

tation, resulting from its prolonged use, is the very condition necessary to excite reflex motor action in neighboring organs. In the relation of the rectum and uterus we have great intimacy of nerve connection. Although intimate nerve relation is not necessary to the production of reflex motor action, still in this case I claim for it consideration as an important factor. The hemorrhoidal plexus of nerves has a ganglionic connection with the uterine nerves. The motor stimulus from the rectum can be reflected off from the ganglia of the inferior hypogastric, and transferred to the uterine plexus without the intervention of reflex power from the spinal cord.* In addition to this, the spinal cord must be allowed its share as a transferrer of irritation from organ to organ. Clinical observations regarding the use of the drug establish the fact of its great power over the reproductive organs of woman. And even over those of man it has been observed to have a marked influence.† It is more than probable that the well-established value of the drug in amenorrhœa is owing to the fact that the ovaries are included within the circle of reflex irritation. The pregnant womb is then subject to two conditions, which render it highly probable that if these conditions are prolonged, abortion will result, — engorgement from its common blood supply with the rectum, and motor action derived reflexly from ganglia, and from the cord. I attribute then to aloes great power as an abortifacient, when used with a determination to accomplish a criminal object. Notwithstanding the fact that the profession are disposed to regard aloes as comparatively innocent, still from the large use made, popularly, of female pills composed chiefly of aloes, I believe people give due credit to the drug.

* Dr. Rutherford on Experimental Physiology, London Lancet, Aug., 1871, Amer. Ed.

† Stillé, loc. cit.

I will now consider the evidence which would lead to the presumption of the administration of aloes, or of aloetic compounds. It will be necessary, in order to render the signs of any detective value, that the criminal use of the drug be continued to the inception of the abortive process; and there would be thus grafted upon the symptoms of a pending abortion the signs of excessive aloetic purgation. I think I am safe in saying, that when a woman resorts to abortifacients on her own unaided advice, the use of the drug is continued up to the time of the resulting abortion. This is quite evident if we take into consideration the impulsive and impatient nature of a woman in "trouble." It is a curious fact in the history of abortifacient drugs, that, with the exception of *Gossypium*, they all possess a strong individuality. Aloes is a marked example of this.

The detection of the criminal use of the drug turns upon three points: (1.) The effects of the drug upon the system at large. (2.) The local evidence of its criminal use. (3.) The modification of the symptoms of the resulting abortion.

(1.) *The effects of aloes upon the system at large.*—The drug is an anomaly among evacuants. Its action is stimulant to the circulation, rather than depletory. This is indicated by increased heat of surface and quickened pulse. This action is also present in the large intestines, as a sensation of heat and fulness along the track of the colon. The urine is scanty and high-colored. These symptoms will often attend its legitimate use. Excessive aloetic purgation is attended with heat and tenderness along the course of the colon, more on the left side than the right, the urine still scanty and high-colored, oftentimes with marked acceleration of the pulse, the result apparently of intestinal hyperæmia. The face is inclined to flush, not to blanch and shrink,

as in the case of the drastic or hydragogue cathartics. There are transient shooting pains, and tenderness over the region of the liver, with the sensation of heat and fulness.

(2.) *The local evidence of its criminal use.*—From the marked impression upon the circulation and innervation of the large intestines, it is apparent there would be local evidence of its excessive use. One of the most prominent results is the torturing tenesmus, which I saw in 1867 occurring in a woman whom I had attended in two former abortions, during my student life, and which she had denied having procured in any manner. On the occasion alluded to, she told the truth by way of variety, as Gil Blas has it, and confessed having made use of a female pill, composed largely of aloes, for over ten days. Such was the torment from the tenesmus that she could lie in one position hardly a moment. She had constant calls for the vessel, passing nothing but a scanty bilious evacuation streaked with blood. She said it was nearly two days since she had taken any of the pills. This would be characteristic of the drug, as its action is slow but prolonged. There is pain in the back, heat and fulness in the rectum and anus, and in the case referred to above there was tenderness on pressure in the hypogastric region. There may be frequent desire to urinate, dependent upon reflex strangury. A symptom always present is the marked and peculiar odor of the aloetic dejection. Unless great precautions are taken as regards ventilation and cleanliness, the strong odor of the stools will linger for days. This is more marked in the case of small bedrooms, hung round the walls with wearing apparel, as is often the case, the fabrics holding the effluvium for several days.

(3.) *Modification of the symptoms of the resulting*

abortion.— We may expect some aid in the detection from the prolonged action of the aloes. After the excessive use of the drug, purgation, attended with the peculiar odor and tenesmus, will continue from twenty-four to thirty-six hours after the exhibition. We may expect in those cases in which aloes has been mainly instrumental in the abortion, the following symptoms: The usual symptoms of a pending abortion, *plus* the presence or history of tenesmus, and a remarkable cathartic action of the bowels, with aloetic odor. Scanty and high-colored urine, uneasiness or pain and heat in the region of the liver, and also along the track of the descending colon, and a presence or history of increased heat of surface and accelerated pulse, in place of the languor and depression which anticipates the innocent spontaneous abortion.

If there is any tendency to hemorrhoids, aloes will quite surely renew them. The existence of piles, in an active state of flux, concurrent with abortion, would be, in my opinion, a just reason to scrutinize the circumstances attending the case. Fluid, or partially fluid, dejection streaked with blood, would also cast doubt upon its innocence. The aloetic odor on first entering a sick-room ought also not to pass unnoticed.*

Savine (*Juniperus Sabinæ*). We have in this potent drug a twofold abortifacient. Whenever a criminal use is made of this drug, it is certain that the maternal life is in danger.

The abortifacient power of savine seems to depend on two conditions: (*a*) its power to cause turgidity of the viscera of the pelvis; (*b*) its exciting action on the rectum and bladder, causing it to act reflexly on the womb. Its toxical effects being characterized by pro-

* Dr. Greenhow speaks of the diuretic action of the drug. (Lond. Med. Gaz. xix., p. 270.) In my own experiments, its effect upon the kidneys was that stated in the text.

found insensibility, in their more marked form, from their very nature, can have but little, if any, influence in the expulsion of the foetus. According to Letheby, it has a specific action on the vessels of the lower bowel. This action also extends to contiguous organs.* Vogt says that it produces an apoplectic condition of the foetus. Its toxical effect, so far as it is limited to producing undue engorgement of the venous system, is highly favorable to an abortion. If urged beyond this point, the drug proves fatal, without inducing an abortion. From its use, in dangerous doses, we may learn enough of its action to give us presumptive evidence of its administration. Facts derived from this source, however, would still leave us in doubt as to the evidence of its criminal use, within the limits of safety. Doses of from fifteen to twenty drops of the oil — and to a delicate woman such a dose would be highly dangerous — may be expected to cause the following symptoms: Violent pain in the abdomen, vomiting, and a powerful cathartic action, with tenesmus, strangury, heat and burning in the stomach, bowels, rectum, and anal region; intoxication, flushed face, severe headache, with a sense of constriction in the temporal region. Purging does not always follow its use in dangerous doses.† The drug is highly stimulant to the glandular system, so much so that salivation is often present.‡ Its odor is clearly evident in the urine, which is increased in quantity, and passed more frequently. It operates as a specific excitant and irritant of the kidneys, and, accordingly, symptoms referred to these organs will become prominent after its use.§ The pulse is quickened, skin hot and dry. A contracted pupil is gener-

* *Lancet*, 1845, II., p. 142, Amer. reprint.

† *Taylor on Poisons*, p. 501.

‡ *Loc. cit.*

§ *Pereira, Mat. Med.*, II., p. 182.

ally present during insensibility.* This symptom may be present under a smaller dose than is usually followed by coma. Distressing hiccough is very generally present. Tenderness, on pressure, all over the abdomen, throbbing of the carotids, severe headache and backache are present. The vomited matter in savine poisoning is often of a green color, from the presence of altered bile. The powerful terebinthinate odor is always present. I have repeatedly detected it after the legitimate dose of six drops. The drug, even in moderate doses, has a marked action on the reproductive organs of woman. In an obstinate case of suppressed menstruation, eight drops *ter die* caused heat and fullness in the parts, and arrested a leucorrhœa, which, however, returned after the employment of savine was abandoned. Its wonderful and apparently direct action on the womb has led Dr. Metsch to prescribe the drug in the prophylactic treatment of "habitual" disposition to abort, from diminished vitality of the uterine system.†

These marked and dangerous symptoms following the criminal use of the drug are rare. When blood is present in the stools, and shivering comes on, the case is almost certainly fatal, and thus, so far as one phase of the crime is concerned, would be rarely met with. I know of but one recorded case of recovery, that of Dr. Hinds, in which the case terminated in dangerous peritonitis.‡

In those cases in which death is threatened from the use of the drug, it is highly probable that the physician would be quickly informed of the nature of the poison, by the patient, if not insensible, or by the friends; as suicide forms no part of the plan. Those cases then, in

* Lancet, ii., p. 142, Amer. ed.

† Zeitschrift für Geburtkunde; Braith. Ret. xxi., p. 360.

‡ Times and Gaz., Nov., 1857, p. 524.

which the criminal use of the drug is restrained within the limits of safety, will particularly interest us. I made a series of experiments to ascertain the symptoms following different doses of the oil: —

Experiment 1st. After taking a tracing of the pulse at 2 P. M., a dose of 10 minims of oil of savine was taken at 2.10; in ten minutes there was heat and flushing of the face, a circumscribed pain in each temporal region, heat in the stomach; ideas slightly confused as if from several drinks of whiskey; flatulence. At 4 P. M., 5 minims of oil were taken. The peculiar odor of the drug was now very evident in the breath. Odor was also present in the urine. At 8.55 P. M., 10 minims of oil were taken; in five minutes there was present the circumscribed pressure sensation in each temporal region, painful heat, and fulness of the vessels of the face, confusion of ideas, flatulence, headache, rumbling in the intestines, great restlessness during the night, with a most severe headache the following day, with slightly congested conjunctivæ. The odor of the oil was freely exhaled by the skin, the night shirt and sheets smelling strongly of the drug in the morning.

Experiment 2d. 15 m. of ol. savine were taken at 10 A. M.; at 10.20 a stimulant effect upon the brain, evidenced by semi-intoxication; sense of painful stricture over the temples, pulse beating with great force, heat and weight at stomach. 11 A. M., intoxication nearly passed off. Flatulence, with an intense taste of savine, rumbling of intestines, headache, urine passed twice in an hour, slight increase in amount, and savine odor strong. 1 P. M., repeated dose of 15 m. ol. savine; 1.20 P. M., intoxication more marked than in the morning, as also sense of stricture, and pain in head. 10.40 P. M., nausea, and pain in the umbilical region, face painfully flushed and congested. At 2.30 P. M., a free evac-

uation of the bowels occurred, attended with great pain in the track of the colon, and burning at the anus. Urine passed in small quantities, but frequently high colored and highly charged with savine odor. 3.10 P. M., urine passed frequently, but no strangury; slight nausea, and pain in bowels, pulse full and strong, intense headache, conjunctivæ congested. Temperature of body $100^{\circ}.2$. 3.30 P. M., above symptoms still present; another evacuation of bowels. 5 P. M., headache not so severe; nausea and pain ceased. 8 A. M., passed an almost sleepless night; severe head-



FIG. 1. — Trace taken ten minutes before the savine.



FIG. 2. — Trace twenty minutes after fifteen m. of ol. savine.



FIG. 3. — Trace fifty minutes after.

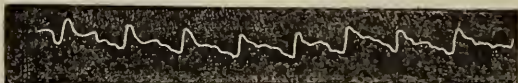


FIG. 4. — Six hours and forty minutes after first dose and four hours and fifty minutes after taking five m. of ol. savine.*



FIG. 5. — Twenty minutes after third dose, ten m. of ol. savine.

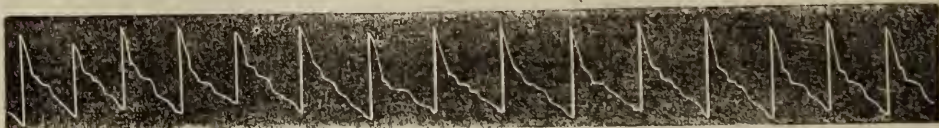


FIG. 6. — One hour and twenty-five minutes after last dose.



FIG. 7. — Twenty-seven hours and forty minutes after last tracing.

* Taken after walking one and a quarter miles to the residence of Dr. Van Dwyer.

ache, appetite poor, nausea after breakfast. 10 P. M., severe headache throughout the day. No evacuation of bowels. Odor of savine still present in urine.

Sphygmographic characters of the pulse. — Great increase in heart force, and lessened arterial tension, indicating extensive venous engorgement, are the marked features, which, like the head symptoms, will persist for twenty-four hours or more. The heart systolic power is beautifully demonstrated in FIG. 6. Crotism not changed from the normal.

Action upon the system of man. — The following may be safely given as the action of savine: —

It enters the blood unchanged. It is thrown off by the skin, lungs, and kidneys. It affects powerfully the vaso-motor system of nerves. It causes hyperæmia of the brain, and (theoretically) of the spinal cord. It stimulates glandular action. It is cathartic. It is diuretic. It is highly irritant. It is stimulant. It is an intoxicant. It is a narcotic, and it increases the temperature of the body.

Detection of its administration seems to depend more on the direct effects of the drug than on any modification it may have power to produce in the symptoms of the resulting abortion. Its remarkable odor, even in doses of 5 m., will be evident in the urine, and when its use is pushed to 10 m. or more, it seems to impregnate the whole depuration of the body. Its terebinthinate smell is in the clothes of the patient, and air of the room, and will be perceptible for twenty-four hours after a full dose. The presence of the odor of the drug about the patient during an alleged dysmenorrhœa, or admitted abortion, ought to excite inquiry. Severe headache, flushed cheeks, or nausea, and especially the pressure-like pain round the head at the temporal region would be an unusual complication, and, as such, ought

to receive attention. If the use of the drug is pushed to its cathartic effect, the pain and flatulence, and the peculiar burning pain at the anus, taken in connection with the presence of the odor of the drug, and add to this frequent micturition, with or without strangury, and we would have almost positive proof of the administration of the drug. If the use of the drug is continued until toxical effects are produced, it would be evident that some extraordinary cause is at work, and there would be no difficulty in detecting the poison, as in ordinary cases suicide forms no part of the patient's plan. In nearly all cases the presence of the savine odor, in connection with the usual symptoms produced by the drug, would be strong confirmation of its dosing, and, as savine is scarcely used in ordinary practice, we ought to regard with suspicion any attempt the patient may make to explain the use of the drug, by a physician's prescription, or as treatment for an alleged complaint.

Tests. — When taken in the form of decoction or infusion it is beyond the reach of chemical tests.* The most common form in which it is used in England, is that of powder. In that case, vomited matter of the color of green-pea soup, or of altered bile, if treated with water the green coloring matter will subside, in a dense insoluble stratum, when, if the color was due to altered bile, the whole of the liquid would remain colored.† If the green matter is washed in water and dried, and placed under a microscope, evidence may be obtained by the rectilinear fibres and the turpentine cells that the substance belongs to the coniferæ.

The oil is that part of the plant which is in the most common use in this country. It responds to the follow-

* Taylor on Poisons, p. 502.

† Loc. cit.

ing tests: Stain on paper entirely dissipated by heat. It gives to water an acid reaction,* and is insoluble. It forms a milky-white solution with rectified spirits. A clear solution is formed by the oil with ether. Nitric acid in the cold gives to the oil slowly a dark red-brown color.

Tansy (*Tanacetum vulgare*).—This drug in the estimation of women is a potent abortifacient. I am at this writing attending a woman through an abortion who claims it was brought about by taking oil of tansy in five-drop doses three times a day. Women will mention case after case among their acquaintances whom tansy “relieved.” I have no hesitation in ascribing to tansy abortifacient powers. The popular belief must have some foundation in fact.

In tansy, we are dealing with a drug of remarkable power. Like savine, it may act by causing great engorgement of the venous circulation of the viscera generally, and particularly of the pelvis. It also resembles savine in its action on the urinary organs. Here all resemblance in their action ends. In the cure of amenorrhœa, tansy is justly regarded as highly as savine. They use different means to attain the same end. Savine seems to induce venous congestion, in a great measure, by its irritant properties, while tansy has no irritant action upon the primæ viæ, but seems to induce congestion by its peculiar action over the vaso-motor nerves. The fact that tansy fails to induce abortion, even when taken in sufficient amount to cause death, is no evidence against its power as an abortifacient, as its fatal effects follow in such a short time that the womb is unable to respond in any manner to the stimulant.

Tansy has three stages of action, first as a stimulant

* Loc. cit.

tonic, as an excitant to the venous circulation, and as a violent poison to the brain and spinal cord, selecting the cord as the field of its primary action. It is the second stage of its action which enables it to rank as an abortifacient. Without being able in any manner to cause expulsive efforts on the part of the womb—thus being called indirect—it may render the organ untenable by inducing uterine apoplexy; or a condition approaching it to such an extent that the womb is roused to action. Women who have used the oil of tansy—and it is not difficult to find them—inform me that they find a heat and fulness through the hips, which increase as they persist in the use of the drug, until finally they have a “show.” I know of one elderly married woman who says that it is the most efficient of the drugs in the early months, and would bring on flowing when all other drugs failed. However true this may be, tansy is a tradition among American women for its certainty as an abortifacient. The oil is largely adulterated. I had trouble in finding a pure specimen for my experiments. Of one specimen of the oil, 95 m. were injected hypodermically at intervals during three hours, and $2\frac{1}{2}$ drachms into the rectum of the same dog; without causing any marked symptoms.

The most marked symptoms of tansy toxæmia are a rapid disturbance of the nervous system, a profuse salivation, immobile and dilated pupils, and severe stranguary. These symptoms in animals appear rapidly and together, as shown in the following:—

Experiment I.—Dog four months old. At 9.30 A. M., oil tansy, 3 ii, was injected into the stomach; 10.15 A. M., vomited frothy mucus, appeared dull, passing a few drops of urine as often as every minute, lavish secretion of saliva; 10.25 A. M., pupils dilated and immobile, twitching of muscles; 10.30 A. M.,

powerful clonic convulsions, ribs fixed, respiration diaphragmatic; 10.35 A. M., passed out of convulsions, stood upon his legs, passed into a semi-cataleptic condition, in which the body remained in an unvarying attitude, consciousness not being lost; 11.15 A. M., began to move about, and rapidly recovered from the effects of the poison; 12.45 P. M., repeated 3 ii oil tansy. Caused no marked symptoms except salivation. Dog remained standing nearly all the afternoon in a sort of cataleptic condition. Next morning quite lively, and ate a hearty breakfast.

Experiment II.—Same dog, four days after above observation, apparently none the worse for experiment No. 1; 9.40 A. M., injected 3 ss of oil t. into stomach; 11 A. M., convulsions, same as described in Exp. I., as also the same symptoms presented themselves; 12 M., it being evident the dog was recovering from the poison, 3 ss of oil t. was thrown into the stomach; 1 P. M., animal entered into a prolonged convulsion of clonic character, in which death took place, seemingly from paralysis of the muscles of respiration, the dog dying from asphyxia. At 4 P. M., Dr. Van Dwyer, two hours and a half after death, made a most careful dissection, with the following results: Brain—Large collection of serum under dura mater, veins of the pia mater highly congested, small amount of serum in the lateral ventricles. Cerebellum, its meninges highly engorged, and on section its substance showing numerous centres of congestion. Pons Varolii greatly congested. Cord, large effusion of serum under the dura mater, vessels of the pia mater congested. Lungs congested to a state of hepatization. Coronary veins of heart beautifully mapped out by their engorgement. Left side empty and contracted, right side full of fluid blood. Stomach and intestines gave a strong tansy

odor, but no evidence of inflammation. Kidneys congested. Bladder contracted to the dimension of a fluid drachm. Mucous membrane corrugated and congested.

Experiment III.—After taking a preliminary tracing with the sphygmograph, I took 10 m. of oil of tansy in simple syrup. There was an immediate sense of heat in the stomach, and in about fifteen minutes a sense of fulness of the head and face, and the feeling of warmth diffused over the whole abdomen. At intervals of half an hour, tracings of the right radial pulse were taken. In about half an hour there was a slight giddiness, and a marked diuretic action, the urine being strongly impregnated with the tansy odor. The diuretic action continued during the night, being obliged to rise and urinate,—a very unusual occurrence. The experiment was limited to one dose, and, it will be noticed, double that authorized for legitimate use, in order to observe its influence upon the pulse when taken within the limit of safety.

Experiment IV.—Fifteen m. doses of the oil were taken at intervals of four hours. Two doses were taken in all. After the first dose great heat of stomach and bowels, the face flushed, and after about fifteen minutes a very unpleasant sense of fulness within the head. Half an hour after, urine passed in increased quantity,

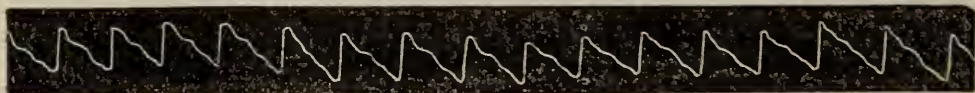


FIG. 1.—Standard tracing in health fifteen minutes before experiment.



FIG. 2.—Twenty-five minutes after taking ten m. of ol. tansy.



FIG. 3.—Fifty-five minutes after.



FIG. 4. — One hour and fifteen minutes after.



FIG. 5. — Two hours after.



FIG. 6. — Thirteen hours and fifteen minutes after.

high-colored, and of strong odor of the drug. Pulse 98. Temperature $99^{\circ}.5$ F. Flatulent eructations from the stomach, tasting intensely of tansy. Urinated three times in the four hours. Three hours after, any unpleasant effects, except the eructations and uresis, had passed away. Second dose. The above symptoms were all renewed. It is doubtful if all the first dose had been absorbed, as in twenty minutes there was ringing in the ears, dizziness. One hour after there was also a pricking sensation in the extremities, with flashes of heat; a strange fulness and sense of pressure within the head amounting to pain. In one hour and twenty minutes after, the urine produced a slight scalding, and the desire to urinate was constantly present, but not strangury. Two hours after, there was thirst, and a strong desire to draw a full breath, which did not give relief to the oppression in the chest when drawn. The dizziness still continues, but the mind clear, so I think I am observing accurately my condition. Two hours and three quarters after, there were the same symptoms present, the dizziness however being less, as also the sense of fulness of head and face. Pulse 115. Tem. $100^{\circ}.5$ F. Three hours and a quarter after, I am somewhat drowsy. Repeated tansy eructations, and borborygmus. Three hours and a half after, went to bed drowsy but restless, the pricking sensation coming and going over

the extremities and along the spine, weight at the stomach, breathing slightly oppressed, sense of uneasiness, but not pain, in the head, constant desire to urinate still present. About five hours after, I took a large dose of opium, which procured me sleep. The next morning there was an occasional eructation of tansy, the urine smelling strongly of the drug, high-colored and until noon often voided. Disinclination for breakfast, but ate a hearty dinner. A dose not much larger than the one recorded above has been known to cause convulsions. In my case I had been living for about ten days in a strong tansy atmosphere, and had gradually accustomed the system to the drug by former and smaller doses, which may account for the comparative mildness of the symptoms.

Dr. Binkerd records a case in which convulsions and coma and a cataleptic condition followed fifteen or twenty drops as a dose.* There was also heat and burning in the œsophagus; after three hours there was dizziness and numbness, which gradually increased to nearly paralysis. Then convulsions followed by vomiting. The pulse was 90, and pupil dilated. Skin moist and warm, and pain in the head. The comatose condition persisted for an hour. Death always occurs in tansy poisoning, with violent convulsions, which come on usually in about three hours, and seem to terminate fatally from paralysis of the muscles of respiration, and from what I have observed of the condition of the left cavities of the heart, paralytic fixure of the respiratory muscles is the chief phenomenon in the fatal issue. From the sphygmographic characters of the pulse trace, the former opinion that tansy was a stimulant, like narcotics generally in their action, to the heart, is wrong.

* Med. and Surg. Reporter, Vol. xxiii., p. 538.

There is increase in the rapidity of the heart's action, but not in systolic power.

The operation of tansy on man may be epitomized as follows: It acts as a powerful excitant to the cerebro-spinal nerve centre, causing convulsions first, then coma. It is powerfully diuretic. It stimulates glandular action. It increases the heart's action, but lessens cardiac systolic power. It suspends voluntary muscular force in poisonous doses, and, as a final result, all muscular power, and thus causes death by asphyxia.

Detection of its criminal administration.—It may be already seen that a dose of tansy within the limit of safety produces few marked evidences of its use. Small doses will produce a diuretic effect, the urine smelling strongly of the drug. The odor is the most prominent detective sign; the fact that a bottle of the oil is in the room which has been repeatedly corked and uncorked will be at once detected by an acute nose. The odor, after a large dose, may be detected in the breath. In an alleged case of dysmenorrhœa, the discovery that the woman has been taking tansy would be sufficient to excite our suspicions, for women have a wholesome fear of the drug, and it is therefore rarely used in a simple menolipsis. Dilated pupils associated with a tansy odor would be an almost positive evidence of its use in a large dose. After a poisonous dose the whole person of the patient is redolent with the drug. If the patient vomits, the matter also smells of the drug, but vomiting does not usually occur unless associated with convulsions. Pricking of the limbs will be present, which may occur in flashes with a sensation of heat, or be localized, and I believe the pricking sensation may result from a dose which is far short of dangerous effects. Numbness may also be present, but is a grave symptom. *Tests.*—Peschier isolated from the leaves a

peculiar acid which he calls tanacetic, and which precipitates lime, baryta, and the oxides of lead and copper. In an infusion of the plant, if the acid were present, it may respond in that manner to the above tests. The oil may be extracted by distillation. Dr. Raymond, by distillation of the vomited matter, procured over six ounces of "tansy water."* Ether readily dissolves the oil, which may then be separated for testing by distillation. The oil responds to the following tests: —

(a.) The tansy odor. (b.) It is lighter than water, and deposits camphor on standing.† (c.) The oil settles to the bottom of the test-tube when agitated with a solution of the bichloride of mercury. (d.) It is soluble in alcohol and ether. (e.) It forms a cloudy mixture with chloroform. (f.) It turns dull red on adding nitric acid. (g.) It turns a beautiful aniline red with sulphuric acid.

EDITORIAL NOTES.

BROKEN AT LAST, and not merely broken in twain, but shivered to fragments, is "the Boston Ring." It can never be reunited.

The various chapters we have published, of the current history of the Medical School of Harvard University, have been intelligible enough to the majority of our readers. There have been some, it is true, who said that they were unable to see the necessity of what we have done, and who affected to consider it a wicked disturbance of the public peace. The events, however, of the past few months, which have culminated in an almost complete reconstruction of the school, have wrought

* Amer. Jour. Med. Sci. N. S. II., p. 514.

† Wood.

an equal revolution in men's minds. Many who have regretted or condemned our course, now tender us their congratulations and their apologies.

We have now to chronicle, in addition to the changes already noted, two very great steps forward, upon the part of those by whom the Medical School is at last, as it should always have been, governed.

The first of these innovations, which will be found as beneficial as it is radical, is the taking from the Faculty of the Medical School its financial management, and vesting it in the government of the University, where it rightly belongs. We do not say that the pecuniary affairs of the school have not been properly managed in years past. They will, however, be more properly managed in the future.

The second change, and it will be appreciated by all gynæcologists, has occurred during the past month, and it is nothing less than the practical recantation of all that has been said, so sedulously and so offensively, in certain quarters, concerning the importance and respectability of attention, upon the part of physicians, to the diseases of women. We refer to the appointment of Dr. Francis Minot, whom we spoke of in our last number as a competent person for the needed professorship of the diseases of infants and children, to a clinical lectureship upon these diseases, *and those of women also!*

It will be said that this was a perfectly spontaneous act upon the part of the Faculty, uninspired and uninfluenced by any outside suggestion or pressure. Of course this spontaneity must be allowed, as we have already so cheerfully done with regard to many other innovations, of whose way of reception and treatment by the members of the Faculty, at their private meetings, we have all along been kept duly informed. The

fact, however, remains, that while during the past summer it was recommended to the Board of Overseers by the President and Corporation of the University, to establish *a full professorship of the diseases of women*, as had been advised to all the colleges by the American Medical Association, the recommendation was voted down, — an act said to have been wholly without precedent, and that must have been taken as a very high compliment by the government of the University.

Such condemnation by the Overseers, of the suggestion made them by the President and Corporation, could but occasion a good deal of public comment. It is said by some of the Board, that their action was in consequence of earnest representation upon the part of members of the Faculty of the Medical School, that it was contrary to previous custom for changes thus to initiate at a level above them, and that any such tendency must be stopped at the outset. "Had not," it was argued, "the chairs always been made and filled by the Faculty themselves from time immémorial? How else could they reward their favorites, or buy off those who might become available candidates for a rival school?"

ARE WE INCORRECT in our last statement? It is possible that the following extracts from what might be termed "The Medical Faculty's Letter of Dictation to the President and Corporation of the University," may settle this question. From the first word that we quote, down to the very last, it will be found to be a protest against the new regime, and an assertion, in so many words, that so far from the best men, those with perhaps a national reputation and a national influence, being called to the work they are fitted for, and the drones

and incompetent men removed from the positions they have so long disgraced, the old system of nepotism should be indefinitely prolonged. Read it but through.

"Most American Colleges," says the Professor of Surgery in that Address of his upon "Medical Education in America," — or rather in Boston, — which has been so widely sent about to those supposed to have influence with the higher powers, "are virtually close corporations, which, under a Board of Trustees, in whom the power is legally vested, are really administered by their Professors, who receive the students' fees, and upon whose tact and ability the success of the institutions wholly depends.

"A University possesses over all its departments a legal jurisdiction; but it may be *a question of expediency* how far this shall be enforced.

"The general supervision of a medical college by a University has, indeed, certain advantages. It may insure activity in the teaching, and, if exercised with constant reference to the possibility of thereby inducing change for the better, be thus an antidote to excessive conservatism.

"Such wise direction from outside may perhaps advantageously share equally, *but no further*, the duty of seeking candidates for the offices, and of sifting their qualifications, — and while it thus assists them to enter the school, may influence them also to leave it, should their teaching prove notoriously inadequate. It may stand between the school and the community, especially the medical community, in satisfying them of the impartial character of appointments, the conscientious labor of incumbents, and their devotion to the best interests of education. It may satisfy the public that the questions of the day, having a direct relation to the best methods of teaching, have received careful attention;

in short, that the first object of the school is the welfare of the students and the elevation of true medical science, and not the emolument, direct or professional, of the instructors.

"But medical teaching should not be too much interfered with, nor its machinery hampered by those who are not familiar with its working.

"A large part of medical teaching — perhaps, on the whole, the most important part — is the clinical instruction of Hospitals, which it is quite plain can never be, in this country, as in Germany, in any way within the jurisdiction of a University.* Again, a University, apart from its medical teachers, can know little or nothing of the complicated lines of division between medical subjects, or of their relative importance, upon which depend the establishment of Professorships and other offices.

"But another consideration lies deeper. A University cannot judge accurately of medical men, in a community where solid scientific eminence and mere notoriety in practice are largely confounded. While in France and Germany, as we shall presently see, the scientific merits of candidates for the higher places are publicly sifted and proclaimed, no such system prevails or can find place here; and while abroad it is well understood that in medicine the most popular teaching may not be the most profitable to the student, in this country professional distinction is often of uncertain character, and you may readily mistake in the teacher eloquence or any other attractive quality or accomplishment for science. If you add that in this country medical teaching is generally esteemed, not, as in Germany, in itself an end, but a means, a road to the medical

* How then is it that there are so many "clinical" professors and lecturers at this moment in the Medical School of Harvard College? — Eds.

practice which is here the ultimatum of every medical man,* you subject your University authorities to outside pressure for place and preferment, which they may be equally unqualified to judge of and unable or disinclined to resist.

"The policy of enlarging a faculty by an indiscriminate addition of Professors might grow out of an erroneous belief that you can teach medical facts from books by acceptable tutors, as you can Greek or Physics. The reverse is notoriously true. The teacher of the higher medical branches must filter, digest, and recast book facts, to a degree that implies large actual experience and sound judgment.

"For these reasons alone, while formal appointments may be better left to the University, *I am satisfied that nominations, as in Germany, should be formally, at any rate PRACTICALLY, delegated to a faculty of medical men. And the same is true of the establishment of Professorships, and of the general organization of the school.*

"In medical matters, a University should rely largely upon the guidance and wisdom of those to whom it does not scruple to intrust its teaching. It may well hesitate to ignore their advice, and assume more than a general supervision over machinery which has a complicated relation to the medical community, and especially to the rest of medical teaching throughout the country, of which but a small part is connected with universities, — *a machinery which, to insure success, must be largely an ANOMALY in its relations, its rules, and its offices, when compared with other departments of a University.*

"If a University desires to secure the services of medical men of competence or eminence, most of whom, in this country, unlike teachers of under-graduates, are

* This doctrine may as fairly be applied to the present professors as to any one else.
— Eds.

engaged in active business, it will maturely weigh the question, how it may compensate them, — whether by professional position, which, *if you make it common and cheap, ceases to be desirable*,* — by intrusting them with discretion and authority, which, if you reduce them to the rank-and-file of tutors, and rule them by a non-medical and comparatively uninstructed interference, they no longer possess, — or by money, which in the higher branches of medical teaching, *and in default of other inducements*,† must be considerable in amount.”‡

In view of the above special plea, whose transparency one of the College authorities was the other day commenting to us upon, the University may perhaps see the necessity of “standing between the school and the community, especially the medical community,” through whose influence students, if at all, must come, *“in satisfying them of the impartial character of the appointments, the conscientious labor of incumbents, and their devotion to the best interests of education, — in short, that the first object of the school is the welfare of the students and the elevation of true medical science, and not the emolument, direct or professional, of its instructors.”*

And to do so, let the Overseers apply this excellent advice of Dr. Bigelow’s, who elsewhere acknowledges § his determined resistance to the changes that they have made, to the case of the Corporation’s recommendation of a professorship for the diseases of women, in accordance with last year’s vote of the American Medical Association, to which we have already referred.

It was as follows; we quote from the published “Transactions” of last year: —

* Whose interests are here so carefully looked after? The students’ and that of the University? — Ens.

† Had Dr. Bigelow avowed these sentiments years ago, would Harvard University have ever honored him with his present position? — Ens.

‡ Medical Communications of the Massachusetts Medical Society, 1871, p. 236.

§ Med. Com. of the Mass. Med. Society, 1871, p. 256.

"Whereas, A memorial from the Gynæcological Society of Boston was presented to the Association at its meeting at New Orleans, in 1869, setting forth that a circular was to be sent, in the name of the Society, to the faculties of the several Medical Colleges in the United States, calling attention to the scientific and practical importance of the Diseases of Women, as regards their frequency, causation, effects and curability, the neglect that they have thus far received at the hands of the profession, and the reasons therefor, and the great need of a change in this particular, and requesting their assistance towards this end, by the establishment in every instance of a separate chair or lectureship of Gynæcology as distinguished from Obstetrics or Midwifery; and praying that in furtherance of the objects of the circular, it might receive the formal approval of the Association.

"And whereas, in consequence of the absence of representatives of the Gynæcological Society at the meeting at New Orleans, the consideration of the subject was then postponed; therefore

"Resolved, That the Association views with approval the suggestion made by the Gynæcological Society of Boston, with reference to collegiate instruction upon the diseases of women, and recommends to the schools its more general adoption."*

ONE WORD MORE as to this recommendation to the Colleges, by the American Medical Association, of full professorships of the diseases of women. What we shall say will be found of interest to those who speak and write so flippantly of Medical Education in America,

* Transactions of the American Medical Association, Vol. xxi., 1870, p. 64.

—some may add, so ignorantly of it, if of that education as it exists outside of Boston.

We have been told that the strongest argument offered by the Faculty in persuading the Overseers to disregard the recommendation of the President and Corporation of the University, in the matter of the proposed professorship of Gynæcology, was that as yet no action in this direction had been taken by the other schools, and that to initiate "such an experiment" would be wholly in advance of the requirements of the age. How well these gentlemen of the Faculty must have been posted with regard to the actual state of the case !

At the time the Gynæcological Society called the attention of the American Medical Association to the importance of the diseases of women, there was hardly a school in the country at which there existed a full professorship of gynæcology, as dissociated from obstetrics so-called, or midwifery; and at scarce another besides the Berkshire had there been given anything like complete and systematic instruction, the course upon gynæcology in that instance having consisted of no less than sixty lectures.

From the interest thus excited,—for, as will be recollected by those who were at the meeting at New Orleans, the representatives of the schools there present protested, as Dr. Bigelow would still do, so vainly, against what has proved the irresistible power of public opinion,—from that moment there has progressed a rapid and very remarkable change for the better, as we shall now proceed to demonstrate.

At the present time, no less than *fifteen* of the medical colleges in the United States, outside of Boston,—and they are among the most respectable in the country withal,—are giving courses upon gynæcol-

ogy as distinguished from midwifery; and there may be others, of which we have not yet been informed. Of those whose announcements we have received, there are already six which have full professorships of gynæcology; at eight more, this department constitutes a chair in connection merely with the diseases of children, and at one, there is a clinical lectureship upon the twain, as just now established at Harvard.

The register thus far stands as follows: —

1. Medical Schools with professorships of Gynæcology and the Diseases of Children, combined.

University of New York,

F. D. LENTE, Professor.

Medical College of Virginia (Richmond),

J. S. D. CULLEN.

University of Maryland,

W. T. HOWARD.

Washington University (Baltimore),

M. P. SCOTT.

Miami Medical College (Cincinnati),

B. F. RICHARDSON.

Indiana Medical College (Indianapolis),

T. B. HARVEY.

Medical College of Evansville, Ind.

D. MORGAN.

Louisville Medical College,

J. A. IRELAND.

2. Schools with the same combination, but only a Clinical Lectureship.

University of Pennsylvania,

WM. GOODELL.

3. Schools with full professorships of the Diseases of Women.

Detroit Medical College,

E. W. JENES.

Albany Medical College,

E. R. PEASLEE.

Long Island Hospital College (Brooklyn),

A. J. C. SKENE.

St. Louis College of Physicians and Surgeons,

M. A. PALLAN.

University of Louisville,

T. PARVIN.

Medical College of Ohio (Cincinnati),

C. D. PALMER.

From the above, it would appear that it must have been upon the principle of *lucus a non lucendo*, that Dr. Bigelow so strangely has stated that, "apart from its medical officers, Harvard University can know little or nothing of the complicated lines of division between medical subjects, or of their relative importance, upon which depends the establishment of professorships and other offices."* Such language would seem to imply, in the face of the "unexampled" amount of opposition that is said to have been made by the Faculty to the establishment of this one especial professorship, either a hardly credible ignorance of medical education in America outside of Boston, on the part of its writer, or that he supposed that this was the case with the authorities of the University, at whom his Address was so plainly directed.

But, it has been asserted by those who think they know, should the Overseers become convinced of the wisdom of the recommendation made by the higher board, proceed to found the professorship, and elect a man of world-wide reputation,—like Fordyce Barker, or Peaslee, of New York, for instance,—whose very name would bring a crowd of students, and perhaps even of practitioners, to the school for special instruction, it is possible that some one or more of these pro-

* Loc. citat. p. 237.

testing professors might resign, in their great indignation. Supposing, however, so deplorable a circumstance to happen, it is also possible that the University and the outside world might stand the shock.

But who dreams of the possibility of such a fiasco, even in such an event? Resignations have been threatened before for similar cause, but they never take place; for such vacancies could be too easily filled. It was said, not so very long ago, that if Mr. Charles Eliot dared even to suggest any change in the school, however trivial, the whole Faculty as a unit would vacate their places. They have now been turned topsyturvy, over and over again, and every man of them, as if for dear life, clings to his chair.

LET US TURN to a pleasanter theme. We should be wanting, however, in common politeness, did we fail, in passing, to thank Dr. Bigelow for placing us in possession of the views of the Faculty and their position toward the College Government. We should not otherwise have felt at liberty to express ourselves as plainly upon the subject, as justice to gynæcology and gynæcologists has now compelled us to do.

Our attention has been called to the advantages offered to students by the Medical College at Detroit, whose announcement our publisher has given upon another page. We have already stated that at the Detroit school a full course of lectures is given upon the diseases of women; the appreciation of this department by the College Faculty being such that they have elected as their President, the professor of the "Medical and Surgical Diseases of Women and Clinical Gynæcology," Dr. Jenks. At the Detroit College, moreover, the principal objection which has been made to the so-

called Spring Schools has been removed, the Faculty admitting no student as a candidate for graduation, who shall have completed his first course of lectures within six months of the beginning of the term.

It will be perceived that this is one of the first fruits of the new educational movement, that for so many years has been urged upon the schools, time and again, by the American Medical Association, and which was undoubtedly hastened by the vote, passed by this body at the instance of the Gynæcological Society, which declared "that the American Medical Association has the power to control the subject of Medical Education in the United States, and the power to exercise that control in any manner upon which it may be agreed." *

If it be asserted, as has been done here in Boston, that the late changes had been long thought of and discussed, and that, therefore, no credit is due the profession at large for having hastened them, we simply ask why they were not then *made* before?

AGAIN THERE IS AT HAND the hallowed season, when every unkindness and injustice should be put away from the heart, and that true peace rendered possible promised on earth to good-willed men.

At the close of 1869, and again in 1870, we gave to our friends the month's kindly greeting. As for our enemies, we said that, willingly, we had none. In taking leave of 1871, we can but repeat, in all sincerity, those words.

To the physician, Christmas should come with a peculiarly softening and persuasive power, for it is he,

* Transactions of the American Medical Association, Vol. xxi, 1870, p. 35; Medical Communications of the Mass. Med. Society, 1871, p. 233.

of all persons, who is brought the nearest to God's deep mysteries, and he, of all, who should recognize most fully the love that underlies the universe, and how near to death is the quickest life. Before another recurrence of this time, one's self, or those with whom he has differed, may be taken away, and the opportunity for reconciliation have passed. To forgive, then, our enemies, persecutors, and slanderers, as we hope ourselves at the last to be forgiven, and to pray Him to turn their hearts, — such, at this season, of all others, is surely no unworthy thing for us each to do.

The present is moreover a fitting occasion, while casting aside the year's load of uncharitableness, for men practically to show their change of heart by some especial deed of love or mercy. Does any one fail of a worthy object for his bestowal of blessing? To such, we commend the Woman's Hospital of Chicago, — or of the State of Illinois, as it is more correctly termed.

Chartered but a short time since, upon a plan in close imitation of that of the Woman's Hospital of the State of New York, for the especial treatment of the diseases peculiar to women, and entirely as a charity, this hospital would have commended itself to our sympathies before the great calamity that fell upon its founders. To quote from the simple and touching "Appeal" that has been sent us: "The number of persons needing the aid the hospital offers has been greatly increased by the recent fire, and the resources of those who would have been its supporters have been suddenly and unexpectedly swept from them. The friends of the institution are therefore compelled to ask for aid from the benevolent outside their own stricken city and State."

Chicago has done nobly in the past for the material and intellectual advancement of the rest of the country. Medical Science and Art have been honored in the

labors of her own practitioners, and the recognition that they have always extended to outside merit. Of no department have these statements been more true than of gynæcology. No other American city deserves better for its physicians at the hands of their brethren and the community at large. Let, therefore, appreciation of this fact be shown in Christmas gifts to its Woman's Hospital,* and let not the fact that much of the pecuniary loss by the fire fell upon non-residents, serve to close their purse-strings. Now that all the old unkind sayings about Chicago have been forgotten by her business rivals, and the world has outdone itself in making amends for them, it would seem as though this heavy blow, fiercer than ever fell on anvil in Vulcan's forge, had but welded together in a great community of interest, the members of every guild, and trade, and profession, giving them a collective strength that they never had before.

So may it prove, in especial measure, for gynæcologists.

* The Medical Staff of the Hospital is as follows: Surgeon-in-Chief, A. Reeves Jackson, M. D.; Consulting Board: Drs. William H. Byford, Chas. Gilman Smith, Edmund Andrews, H. Webster Jones, Joseph W. Freer, DeLaskie Miller, H. M. Lyman, H. A. Johnson; to any of whom contributions may be sent.

